

**AGENDA  
CITY COUNCIL  
MAY 19, 2015**

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**NOTICE:**

**MAY 19, 2015**

**5:15-5:30 P.M.     FINANCE COMMITTEE MEETING  
5:30-5:45 P.M.     PUBLIC WORKS COMMITTEE MEETING  
5:45-6:00 P.M.     POLICE COMMITTEE MEETING  
6:00-6:30 P.M.     PLANNING & ZONING COMMITTEE MEETING  
6:30-7:00 P.M.     INSURANCE COMMITTEE MEETING**

**TOWNSHIP MEETING  
MAY 19, 2015**

- 1.     PRAYER-**
- 2.     PLEDGE OF ALLEGIANCE**
- 3.     ROLL CALL**
- 4.     TOWNBOARD MINUTES- MAY 5, 2015**
- 5.     PRESENTATION OF COMMUNICATIONS:**
- 6.     FINANCE: VIRGIL KAMBARIAN, CHAIRMAN**
  - A.     BILL LIST- MAY 19, 2015**

**CITY COUNCIL MEETING  
MAY 19, 2015**

- 1. ROLL CALL**
- 2. CITY COUNCIL MINUTES-MAY 5, 2015**
- 3. PRESENTATION OF COMMUNICATION**
  - A.     LETTER-HOLY FAMILY-FEAST OF CORPUS  
CHRISTI-JUNE 7, 2015**
  - B.     LETTER SW ILLINOIS COUNCIL OF MAYORS**
  - C.     LETTER- MARY VINYARD-BLOCK PARTY  
2600 BLOCK OF STATE STREET**
- 4. REMARKS BY MAYOR**
- 5. REPORT OF STANDING COMMITTEES:**

**DOWNTOWN: NIKKI PETRILLO, CHAIRMAN (CITY HALL & BUILDINGS)**

**A.**

**PLANNING/ZONING, ANNEXATIONS, ENGINEERING AND INSPECTIONS: DAN MCDOWELL, CHAIRMAN**

**A. BUILDING & ZONING DEPT MONTHLY REPORT FOR APRIL 2015**

**B. ORDINANCE TO REQUIRE ABATEMENT OF METHAMPHETAMINE CONTAMINATION OF BUILDINGS OR STRUCTURES IN THE CITY OF GRANITE CITY**

**LEGAL AND LEGISLATIVE: TIM ELLIOTT, CHAIRMAN (CABLE TV, ORDINANCE)**

**A.**

**PUBLIC WORKS: DON THOMPSON, CHAIRMAN: (STREET AND ALLEY-SANITATION-INSPECTION-TRAFFIC & LIGHTS)**

**A. ORDINANCE REMOVING AND REPEALING ORDINANCE 7717, AND ITS DESIGNATION OF A HANDICAP PARKING SPACE AT NO. 27 BRIARCLIFF**

**B. ORDINANCE ESTABLISHING A HANDICAPPED PARKING SPACE FOR TWO YEARS AT 1707 EDISON AVENUE, WITHIN THE CITY OF GRANITE CITY, ILLINOIS**

**C. ORDINANCE ESTABLISHING A HANDICAPPED PARKING SPACE FOR TWO YEARS AT 2119 BRYAN AVENUE, WITHIN THE CITY OF GRANITE CITY, ILLINOIS**

**D. ORDINANCE ESTABLISHING A HANDICAPPED PARKING SPACE FOR TWO YEARS AT 2700 EDWARDS, WITHIN THE CITY OF GRANITE CITY, ILLINOIS**

**POLICE COMMITTEE: BOB PICKERELL, CHAIRMAN**

**A. ORDINANCE TO COLLECT AN ANNUAL REGISTRATION FEE FROM SEX OFFENDERS**

**FIRE: WALMER SCHMIDTKE, CHAIRMAN**

**A. FIRE DEPARTMENT MONTHLY REPORT FOR APRIL 2015**

**WASTEWATER TREATMENT: BILL DAVIS, CHAIRMAN**

**A.**

**INSURANCE AND SAFETY: GERALD WILLIAMS, CHAIRMAN**

**A. PENDING LITIGATION**

**B. ORDINANCE REQUIRING INSURANCE COVERAGE FOR  
PERSONS CONDUCTING SPECIFIC EVENTS ON CITY  
FACILITIES OR CITY PROPERTY**

**C. RISK MANAGEMENT MONTHLY REPORT FOR 5/13/15**

**INDUSTRIAL SEARCH AND NEGOTIATIONS: PAUL JACKSTADT,  
CHAIRMAN**

**A.**

**FINANCE: RON SIMPSON, CHAIRMAN**

**A. RESOLUTION TO HIRE ELECTRIC RATE  
CONSULTANTS**

**B. RESOLUTION TO HIRE SPECIAL COUNSEL TO ASSIST  
THE CITY IN NEGOTIATIONS AND CONTRACTING FOR  
ELECTRIC POWER SUPPLY**

**C. RESOLUTION-TANK'S TRAINING FACILITY TIF  
GRANT REDEVELOPMENT AGREEMENT**

**D. TREASURERS REPORT APRIL 30, 2015**

**E. SEWER COLLECTIONS REPORT APRIL 30, 2015**

**F. VIDEO GAMING TAX REPORT APRIL 30, 2015**

**G. CITY STICKER ANNUAL REPORT MARCH 31, 2015**

**H. PAYROLL-MAY 15, 2015**

**Report of Officers  
Unfinished Business  
New Business**

**ADJOURNMENT**

**CITY COUNCIL  
MINUTES  
MAY 5, 2015**

Mayor Ed Hagnauer called the regular meeting to order of the city council at 7:07 p.m.

**ATTENDANCE ROLL CALL:** Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Clerk Whitaker and Mayor Hagnauer were present.

**MOTION** By Thompson, second by Simpson to approve the minutes from the City Council Meeting on May 5, 2015. **ALL VOTED YES.** Motion carried.

**CITY CLERK** Judy Whitaker swears in the newly elected and re-elected Alderman to the Granite City Council. (1<sup>st</sup> Ward-Bob Pickerell -3<sup>rd</sup> Ward-Tim Elliott- 4<sup>th</sup> Ward Bill Davis- 5<sup>th</sup> Ward Don Thompson)

**MOTION** By Thompson, second by Jackstadt to approve as requested the Greater Madison County Federation of Labor, AFL-CIO, Annual Labor Day Parade on Monday September 7, 2015 at 10:00 a.m. under the supervision of the Police and Public Works Departments. **ALL VOTED YES.** Motion carried.

**MOTION** By Thompson, second by Thompson to place on file the HARC Minutes from April 28, 2015. **ALL VOTED YES.** Motion carried.

**MOTION** By McDowell, second by Williams to concur with the HARC and approve the request from Intrepid Engineering Group Inc., Arthur Harris, for a Restaurant and Root Beer Bar at 2100 Adams, to be located in a D-4 Residential Sub-District. **ALL VOTED YES.** Motion carried.

**MOTION** By McDowell, second by Davis concur with the HARC and approve the request from Tanks Total Fitness, Chris Janek at 1908 State Street for proposed changes to exterior and approval of a continuing grant. **ALL VOTED YES.** Motion carried.

**MOTION** By McDowell, second by Jackstadt to place on file a Memo from Steve Willaredt, Building & Zoning Administrator regarding Safe Routes to School Memo. **ALL VOTED YES.** Motion carried.

**MOTION By McDowell, second by Davis to send back to committee an Ordinance to require abatement of methamphetamine contamination of buildings or structures in the City of Granite City. ALL VOTED YES. Motion carried.**

**MOTION By McDowell, second by Jackstadt to suspend the rules and place on final passage an Ordinance to update the Building & Zoning Permit Fee Schedule.**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**FINAL PASSAGE: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION By McDowell, second by Thompson to place on file the Planning & Zoning Committee Minutes from April 21, 2015.**

**MOTION By Thompson, second by Schmidtke to suspend the rules and place on final passage an Ordinance establishing a handicapped parking space for two years at 1324 Niedringhaus, within the City of Granite City, Illinois.**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**FINAL PASSAGE: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION By Thompson, second by Davis to suspend the rules and place on final passage an Ordinance to install a "Slow Children at Play" sign in front of 2235 Edison Ave.**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**FINAL PASSAGE: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION By Thompson, second by Jackstadt to suspend the rules and place on final passage an Ordinance removing and repealing Ordinance 8468, and it's designation of a handicap parking space at 2421 Cleveland.**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**FINAL PASSAGE: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION By Thompson, second by McDowell to place on file the Public Works Committee Meeting Minutes for April 21, 2015. ALL VOTED YES. Motion carried.**

**MOTION By Elliott, second by McDowell to refer back to the Police Committee an Ordinance to collect an Annual Registration Fee from Sex Offenders. ALL VOTED YES. Motion carried.**

**MOTION By Williams, second by Davis to give the City Attorney Settlement Authority on Case # 614 as discussed in the Insurance Committee Meeting on May 5, 2015.**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION By Williams, second by McDowell to place on file the Insurance & Safety Committee Minutes for April 21, 2015. ALL VOTED YES. Motion carried.**

**MOTION By Jackstadt, second by Thompson to approve a Resolution to oppose Appeal to the Property Tax Appeal Board of the State of Illinois, concerning 2901 Missouri Avenue. (Kraft-Capri Sun)**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION By Jackstadt, second by Thompson to place on file the Industrial Search Committee Minutes from April 21, 2015. ALL VOTED YES. Motion carried.**

**MOTION By Simpson, second by Thompson to approve a Resolution authorizing the Mayor to apply for Community Development Block Grant Funds from Madison County.**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION By Simpson, second by McDowell to approve the Bill List for April 2015 in the amount of \$3,901,982.80.**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION By Simpson, second by Jackstadt to approve the Payroll for the period ending April 30, 2015 in the amount of \$665,652.28.**

**ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.**

**MOTION By Simpson, second by Elliott to place on file the Finance Committee Minutes from April 21, 2015. ALL VOTED YES. Motion carried.**

**MOTION By Simpson, second by Petrillo to call for a Special Meeting of the Legal & Legislative Committee, on Tuesday, May 12, 2015 at 6:00 p.m., regarding Committee Assignments per 2.06.090 of the Granite City Municipal Code. ALL VOTED YES. Motion carried.**

**MOTION by Thompson, second by Schmidtke to adjourn the City Council Meeting at 7:30 p.m. Motion carried.**

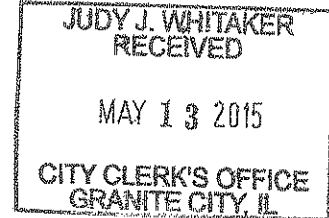
**MEETING ADJOURNED**

**ATTEST  
JUDY WHITAKER  
CITY CLERK**

**HOLY FAMILY CATHOLIC CHURCH**  
**2606 WASHINGTON AVENUE**  
**GRANITE CITY, IL 62040**  
**(618)877-7158**

May 11, 2015

Mayor Edward A. Hagnauer  
Members of the City Council of Granite City, IL  
City Hall  
2000 Edison Avenue  
Granite City, IL 62040



Dear Mayor Hagnauer and Members of the City Council:

Holy Family Parish will be celebrating the Feast of Corpus Christi on Sunday, June 7, 2015, and we would like to have a procession around the church property after the 10:30 a.m. Mass that Sunday.

The procession would encompass a section of the 2600 block of Washington Avenue, and one block of Jerden, Kate and Sheridan Avenues, and should last for approximately 30-45 minutes. The sidewalks are too small for the crowd, so if possible, I would like to process in the streets.

I am respectfully requesting permission to have this procession, and if at all possible, to have a police escort.

Thank you in advance for any consideration you may give to this request.

Pax et Bonum,

Fr. Jeff Holtman, O.F.S.  
Pastor

CC: Judy Whitaker ✓  
City Clerk



# Southwestern Illinois Council of Mayors

St Clair, Madison, Monroe, Jersey and Surrounding Counties

Mark Eckert-Belleville  
President

Tom Smith-Waterloo  
Vice President

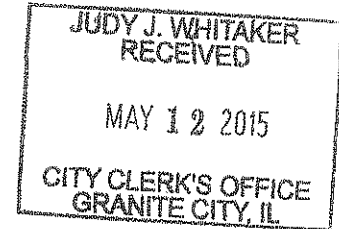
Ray Klein-Smithton  
Treasurer

Allen Adomite-Troy  
Secretary

John Miller-Collinsville  
Immediate Past President

#### Members

Leo Stewart Jr-Alorton  
Brant Walker-Alton  
Alan Winslow-Bethalto  
Charles Hilmes-Breese  
Gary Cornwell-Cahokia  
Kevin Hutchinson-Columbia  
Ronnie Dell-Dupo  
Fred Bright-East Alton  
Herbert Simmons-East Carondelet  
Alvin Parks-East St Louis  
Hal Patton-Edwardsville  
Mark Kupskyt-Fairview Hts  
Seth Speiser-Freiburg  
Mike McCormick-Godfrey  
Tom Thompson-Grafton  
Ed Hagnauer-Granite City  
Larry Bloemker-Hamel  
James Spann-Hartford  
Charles Kujawski-Hecker  
Joe Michaels-Highland  
William Russell-Jerseyville  
John Hamm III-Madison  
John Molitor-Marine  
Larry Guiledge-Maryville  
Jerry Cross-Marissa  
Jerry Daugherty-Mascoutah  
Michael Todd-Millstadt  
Richard Klein-New Athens  
Christy Picard-New Baden  
Gary Graham-O'Fallon  
Mile Pagano-Pontoon Beach  
Tim Lowry-Red Bud  
Paul Oiler-Roxana  
Jim Vernier-Shiloh  
Richard Schiefer-St Jacob  
Jason Schlimme-Sparta  
Ken Mueller-Swansea  
Kyle Jones-Trenton  
Ricky Gottman-Vandalia  
Frank Akers-Wood River



May 4, 2015

Dear Mayors and Associates:

Mayor Jerry Daugherty will host this month's meeting on Thursday, May 28 at Roemer Topf Restaurant in Mascoutah (directions below). Guests are welcome.

We have two guest speakers for the evening, Ed Hillhouse, Executive Director of East-West Gateway Council of Governments and Assistant Executive Director Jim Wild. Ed will talk on leadership, and Jim will talk on how local transportation projects are prioritized for funding consideration. This will be our last time to see Ed as Director of Gateway, so we hope you will come to wish him well as he pursues his next professional endeavor.

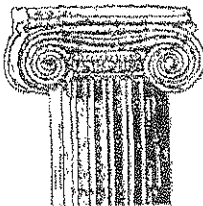
Reception begins at 6:00 pm, meal at 6:45. Meal cost is \$25, payable to "SWICOM" at the door or in advance. Reservation guarantees payment.

Please make reservations by 5:00 pm Friday, May 22.

Thank you.

Sincerely,

Judith Nelson  
Executive Director



Directions: From I64, take Rte 4 south to West Main (Rt 177). Turn right (west) on Main. At the intersection where Scott Credit Union is, turn left onto South County Street, then right on McKinley to the restaurant parking lot.  
From Rte 15, take Rte 158/177 east into Mascoutah. Just past the high school, turn right (south) onto South County Street, then right on McKinley to the restaurant parking lot.

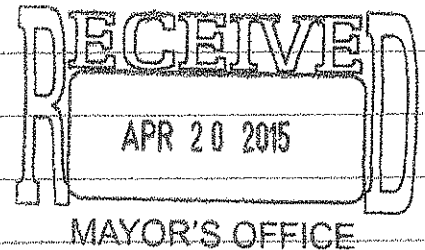
1666 N Bluff Rd • Collinsville, IL 62234 • 618 363-640

Dear Mayor Hagnauer and City Council,

I am requesting that the 2600 block  
of State Street be closed to traffic on  
Saturday, June 20th. Residents are hoping  
to have a block party from 4:00 p.m. to 8:00 p.m.

Thank you for your consideration.

Sincerely,  
Mary Vinyard  
2640 State St.  
(618) 219-2991

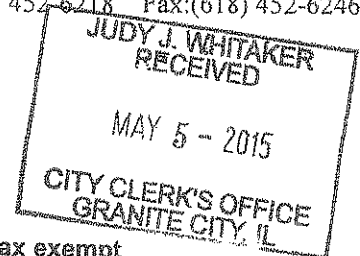




# City of Granite City

Inspection Department 2000 Edison, Ground Floor Granite City, IL 62040 Phone:(618) 452-6218 Fax:(618) 452-6246

## MONTHLY REPORT TO CITY COUNCIL BUILDING & ZONING DEPARTMENT



### APRIL 2015 REPORT

The Building & Zoning Department no longer issues free permits for charities; tax exempt organizations or governing bodies. The number of permits sold will not necessarily reflect the number of inspections required.

APRIL 2015 ..... Permits

Building Permits	168	\$	6,780.00
Electrical Permits	105	\$	4,933.00
Mechanical Permits	54	\$	2,760.00
Plumbing Permits	43	\$	2,214.00
Occupancy Permits	114	\$	3,400.00
Fence Permits	22	\$	760.00
Sewer Permits	12	\$	900.00
Razing Permits DEMO	6	\$	160.00
Excavating Permits	4	\$	360.00
SIGN Permits	0	\$	-
HARC	0	\$	-
Planning & Zoning	0	\$	-
Board of Appeals	0	\$	-
Graphic Review	0	\$	-
Plan Review	1	\$	100.00
Finger Print Processing	25	\$	1,265.00
Misc.	0	\$	-
Oversize Load	2	\$	60.00
Flood Zone Cert	0	\$	-
(Stationary Eng. Renewals)	12	\$	120.00
<b>TOTALS</b>	<b>568</b>	<b>\$</b>	<b>23,812.00</b>

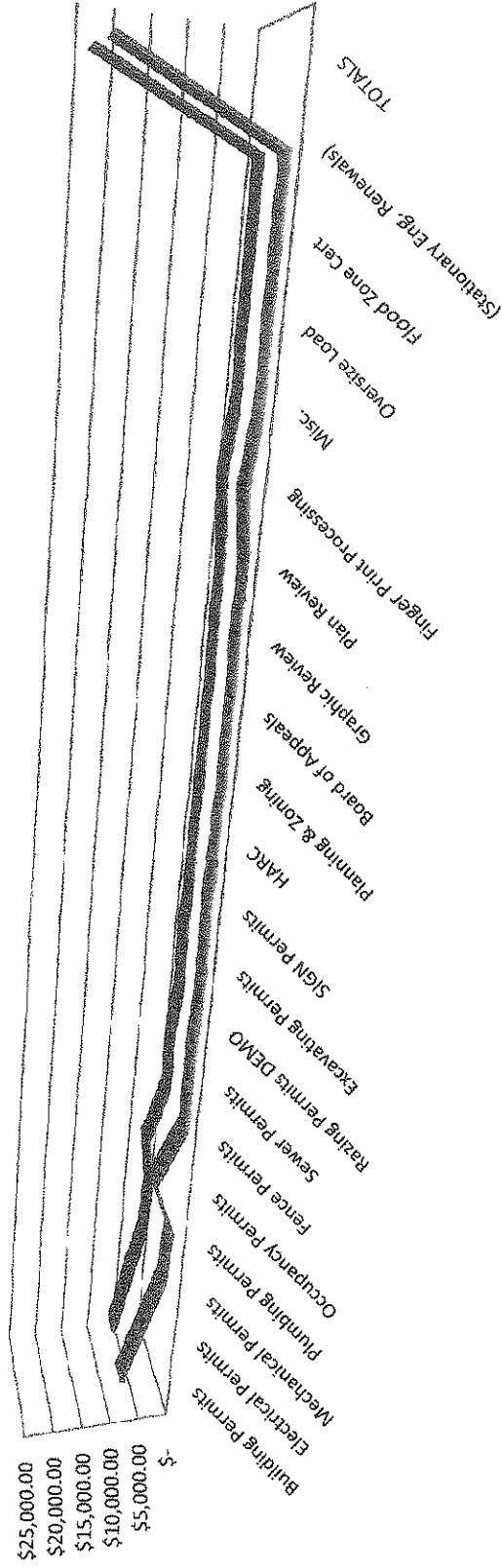
### APPROX. CONSTRUCTION VALUE BASED ON

BUILDING PERMITS ISSUED THIS MONTH \$ 647,662.28

We Charge a fee for owner occupied, new home sales and temporary utility permits. The number of permits will not reflect the number of trips needed to ensure compliance.

Submitted - MAY 5, 2015  
Sheila Nordstrom, Secretary  
Building & Zoning Dept.

# April 2014 & 2015



	Building Permits	Electrical Permits	Mechanical Permits	Plumbing Permits	Occupancy Permits	Fence Permits	Sewer Permits	Razing Permits DEMO	Excavating Permits	SIGN Permits	HARC	Planning & Zoning	Board of Appeals	Graphic Review	Plan Review	Finger Print Processing	Misc.	Oversize Load	Flood Zone Cert	(Stationary Eng. Renewals)	TOTALS
2014	\$7,568.00	\$4,755.00	\$1,690.00	\$1,394.00	\$4,850.00	\$460.00	\$550.00	\$320.00	\$80.00	\$494.00	\$-	\$-	\$-	\$331.83	\$-	\$1,324.50	\$24.00	\$-	\$-	\$80.00	\$23,421.32
2015	\$6,780.00	\$4,933.00	\$2,760.00	\$2,214.00	\$3,400.00	\$760.00	\$900.00	\$160.00	\$360.00	\$-	\$-	\$-	\$-	\$-	\$100.00	\$1,265.00	\$-	\$60.00	\$-	\$120.00	\$23,812.00

ORDINANCE NO. \_\_\_\_\_

AN ORDINANCE TO REQUIRE ABATEMENT OF  
METHAMPHETAMINE CONTAMINATION OF BUILDINGS  
OR STRUCTURES IN THE CITY OF GRANITE CITY

WHEREAS, the purpose of the Ordinance is to reduce the harm that methamphetamine is inflicting on individuals, families, the community, the economy and the environment in the City of Granite City; and

WHEREAS, the illegal manufacture or storage of methamphetamine poses a serious health risk to the citizens of Granite City, to law enforcement and public safety officers and to others due to the exposure to methamphetamine contaminants; and

WHEREAS, structures or buildings in which methamphetamines are manufactured or stored may become contaminated with toxic substances and until that contamination is properly abated in accordance with the requirements of this Ordinance, said buildings or structures shall be deemed a toxic nuisance and a dangerous building or structure in which human occupancy is prohibited; and

WHEREAS, for the uses, purposes and reasons aforesaid, the City Council of the City of Granite City has found and determined that it is in the public interest and the health, safety and welfare of the citizens of the City that this Ordinance be enacted.

NOW THEREFORE, BE IT ORDAINED, by the City Council of the City of Granite City as follows:

**Section 1** - The recitals contained above in the preamble of this Ordinance are hereby incorporated herein by reference, the same as if set forth in this Section of this Ordinance verbatim, as findings of the City Council of the City of Granite City.

**Section 2** - Chapter 15.12 (DANGEROUS BUILDINGS) of the Municipal Code of the City of Granite City is hereby changed and amended to add thereto Section 15.12.045 (Abatement of methamphetamine contamination), to read as follows:

Section 15.12.045 Abatement of Methamphetamine Contamination.

A. Definitions.

“Manufacture” means to produce, prepare, compound, convert, process, synthesize, concentrate, purify, separate, extract, or package any methamphetamine, methamphetamine precursor, methamphetamine manufacturing catalyst, methamphetamine manufacturing reagent, methamphetamine manufacturing solvent, or any substance containing any of the foregoing.

“Methamphetamine” means the chemical methamphetamine (a Schedule II controlled substance under the Illinois Controlled Substances Act) or any salt, optical isomer, salt of optical isomer, or analog thereof.

“Methamphetamine Manufacturing Catalyst” means any substance that has been used, is being used, or is intended to be used to activate, accelerate, extend, or improve a chemical reaction involved in the manufacture of methamphetamine.

“Methamphetamine Manufacturing Chemical” means any of the following chemicals or substances containing any of the following chemicals: benzyl methyl ketone, ephedrine, methyl benzyl ketone, phenylacetone, phenyl-2-propanone, pseudoedrine, or red phosphorous or any of the salts, optical isomers, or salts of optical isomers of the above listed chemicals.

“Methamphetamine Manufacturing Environment” means a building, structure or vehicle in which:

- 1) methamphetamine is being or has been manufactured;
- 2) chemicals that are being used, have been used, or are intended to be used to manufacture methamphetamine are stored;
- 3) methamphetamine manufacturing materials that have been used to manufacture methamphetamine are stored; or
- 4) methamphetamine manufacturing waste is stored.

“Methamphetamine Manufacturing Waste” means any chemical, substance, ingredient, equipment, apparatus, or item that is left over from, results from, or is produced by the process of manufacturing methamphetamine, other than finished methamphetamine.

“Clandestine Laboratory” means a location and operation, past or present, including but not limited to buildings, or vehicles equipped with hardware, containers, precursors or related reagents and solvents needed to unlawfully prepare or manufacture methamphetamines.

“Cleanup” means actions necessary to contain, collect, control, identify, analyze, disassemble, treat, remove, or otherwise disperse all substances and materials, including but not limited to the Chemicals listed in the definition of Methamphetamine Manufacturing Chemical.

“Building or Structure” shall include apartments, single-family homes, garages, hotel/motel rooms, mobile homes, vehicles, rooms for rent, duplex dwellings, or any other building or structure.

B. Contamination of Methamphetamine Manufacturing Environment. It is unlawful to maintain or permit the use, occupancy or existence of a building, vehicle or other structure in the City which has been used for the manufacture or storage of methamphetamine until proper Cleanup has occurred in accordance with this Section of the Dangerous Buildings Code and said Cleanup has been approved by the City’s Building Inspector.

C. Methamphetamine Contamination Abatement. Whenever a building, vehicle or other structure or definable portion thereof is determined to have been exposed to toxic chemicals from the manufacture and/or storage of methamphetamine, and such determination is confirmed by a law enforcement officer, a health inspector, a city building inspector or other public safety officer, the building, vehicle or structure or definable portion thereof suspected to be contaminated shall be vacated and remain unoccupied until Cleanup has been completed in accordance with the requirements of Subsection "D" of this Section of the City's Dangerous Buildings Code.

D. Methamphetamine Abatement Procedure. The Owners(s) or other person or party having the occupancy, control or ownership of a building, vehicle or other structure, or definable portion thereof, determined to be a Methamphetamine Manufacturing Environment or Clandestine Laboratory, shall be required to hire a contractor who has hazardous waste expertise and is certified to conduct methamphetamine abatement. In addition the certified contractor must elicit the guidance of a certified industrial hygienist (CIG) in all cleanup operations. The CIG will conduct the preliminary assessment and post remediation sampling and provide the City with a No further Remediation Letter once the abatement is complete.

- a. Inspection and testing shall be done in each room of a single-dwelling unit and shall include basement, attic areas, attached garages and heat and cooling duct systems.
- b. Any time a garage that is attached to and/or shares a common access point to the living quarters is used for a Clandestine Laboratory operation, the garage and living quarters shall be deemed abandoned and unsafe until such time as the buildings and structures have been abated from all Methamphetamines, Methamphetamine Manufacturing Catalysts, Methamphetamine Manufacturing Chemicals and Methamphetamine Manufacturing Waste and such abatement has been confirmed and approved by the City Building and Zoning Administrator.
- c. Anytime a motel/hotel room is used for a Clandestine Laboratory operation that room will be considered abandoned and unsafe and will not be allowed to be occupied until such time as the room has been cleaned and certified for occupancy by the City Building and Zoning Department.
- d. Anytime a Clandestine Laboratory operation is found in a multi-unit building or structure including a motel/hotel, inspection and testing shall take place in the adjacent unit(s) surrounding the Dangerous Building that share a common wall or floor or ceiling. Additionally, testing will take place in any/all unit(s) sharing a common heating or cooling system with the Dangerous Building. Inspection and testing of adjacent unit(s) will be confined to rooms sharing common wall, floor or ceiling unless test results show the presence of toxic material in which case testing will continue to expand to adjacent rooms, buildings or structures until such time that the adjacent room, building or structure are determined not to be contaminated.

E. Notice to Abate Toxic Contamination.

1. Abatement Notice - Whenever a law enforcement officer, building inspector, health officer, fire chief, fire marshal, or other public safety officer has reasonable grounds to believe that a building or other structure or a definable portion thereof may be contaminated by toxic chemicals created by methamphetamine manufacture or storage, he or she shall file a written statement to that effect with the City's Chief of Police and/or the City's Building and Zoning Administrator. The Building and Zoning Administrator and/or the Police Chief or their designee shall thereupon cause written notice to be served upon the owner(s) or record of the building, vehicle or structure and/or the person in charge of or in control of same and any lien holder(s) of record, by registered mail or by personal service. The notice shall state that the toxic nuisance must be abated in accordance with the requirements of Subsection C hereof and that the premises must be immediately vacated and any further occupancy permit to be issued by the City's Building and Zoning Department shall not be issued and the occupancy thereof may not be restored until the Cleanup has been completed to the satisfaction of the City's Police Chief and/or the City's Building and Zoning Administrator or their designee.
2. Form of Abatement Notice:

To: \_\_\_\_\_ (Owner/occupant/lien holder) of the premises know and described as (or having the assigned address of) \_\_\_\_\_.

YOU ARE HEREBY NOTIFIED that \_\_\_\_\_ has been determined by the City of Granite City to be a Methamphetamine Manufacturing Environment and/or Clandestine Laboratory used to manufacture Methamphetamines. The structure or building identified above is unsafe and hereby declared a Dangerous Building. You must immediately vacate the premises or cause the same to be vacated until the building or structure is abated in accordance with Subsection D of 15.12.015 of the City's Municipal Code(a copy of which is attached hereto) and an occupancy permit has been issued by the City's Building and Zoning Department to allow the building, vehicle or structure to be occupied or used for transportation. You are to clean the subject building, vehicle or structure and abate the Dangerous Building as required by Subsection C of this Section 15.12.015 of the Granite City Municipal Code within sixty (60) days of the date of this Notice (unless granted an extension by the City's Police Chief or Building and Zoning Director or their designee) or the City will seek a Court Order allowing the City to abate the Dangerous Building and/or demolish the building, vehicle or structure, at the expense of the owner.



F. Abatement by the City. The City may abate the methamphetamine contamination or demolish the building, vehicle or structure upon the granting of a Court Order. If the person receiving the Notice has not commenced to comply therewith within fifteen (15) days from the date of the service of Notice or has commenced compliance but is not making a reasonable effort to complete the same in the opinion of the City's Police Chief or Building and Zoning Administrator, the City may file suit in a court of competent jurisdiction seeking an order allowing the City to abate the toxic nuisance or demolish the building, vehicle or structure, at the expense of the owner.

G. City's Cost Recoverable from Property Owner. The City's cost of toxic nuisance abatement or demolition of a Dangerous Building, vehicle or structure due to methamphetamine contamination shall be recoverable by a property lien and/or an action at law against the owner to be filed within one hundred eighty (180) days after the remedial action.

**Section 3** - Section 15.12.010 (Dangerous Building Defined - Declared Nuisance) of Chapter 15.12 (Dangerous Buildings) of the City of Granite City Municipal Code is hereby changed and amended to add thereto Subsection (A)(5) to read as follows:

A. 5 - "Building or Structure" shall include apartments, single-family homes, garages, hotel/motel rooms, mobile homes, vehicles, rooms for rent, duplex dwellings, or any other building or structure used to manufacture or store methamphetamine until it is cleaned up and the contamination abated in compliance with section 15.12.015 of this Chapter

**Section 4** - All ordinances or resolutions, or parts of ordinances or resolutions, in conflict herewith, to the extent of such conflict, are hereby changed and amended to read in compliance with the requirements of this Ordinance, and to the extent an ordinance or resolution or part of an ordinance or resolution cannot be changed to comply with the requirements of this Ordinance, there same is hereby repealed.

**Section 5** - This Ordinance shall be in full force and effect from and after its passage and publication in pamphlet form as provided by law.

PASSED by the City Council of the City of Granite City, Illinois this \_\_\_\_ day of May 2015.

APPROVED by the Mayor of the City of Granite City, Illinois this \_\_\_\_ day of May, 2015.

\_\_\_\_\_  
MAYOR

ATTEST:

\_\_\_\_\_  
CITY CLERK  
83459

ORDINANCE NO.  
AN ORDINANCE REMOVING AND REPEALING ORDINANCE 7717, AND ITS  
DESIGNATION OF A HANDICAP PARKING SPACE AT No. 27 BRIARCLIFF

WHEREAS, the City of Granite City is a home rule unit pursuant to Article VII, section 6, of the Illinois Constitution of 1970; and

WHEREAS, sections 10.34.190 through 10.34.200 of the Granite City Municipal Code provide for the establishment of vehicular parking spaces reserved for the use of physically handicapped persons or disabled veterans; and

WHEREAS, it has been determined that the designation of a handicapped parking space, located at No. 27 Briarcliff, Granite City, Illinois, is no longer necessary.

Now, therefore, it is hereby ordained and decreed that Ordinance 7717 (adopted October 21, 2003), designating a vehicle parking space located at No. 27 Briarcliff and reserving a space for the use of handicapped or disabled drivers, is hereby repealed. The Department of Public Works is further hereby directed to remove from No. 27 Briarcliff any and all vehicle parking signs reserving any vehicular spaces for handicapped or disabled parking.

Any and all Ordinances and resolutions inconsistent with this Ordinance, including Ordinance 7717, are hereby repealed. This Ordinance shall take effect upon passage, and may be published in pamphlet form by the Office of the City Clerk.

APPROVED this \_\_\_\_\_, day of May, 2015.

\_\_\_\_\_  
MAYOR Edward Hagnauer

ATTEST: \_\_\_\_\_  
Judy Whitaker, CITY CLERK

**ORDINANCE NO. \_\_\_\_\_**  
**AN ORDINANCE ESTABLISHING A HANDICAPPED PARKING SPACE FOR TWO YEARS AT**  
**1707 EDISON AVENUE, WITHIN THE CITY OF GRANITE CITY, ILLINOIS**

WHEREAS Sections 10.34.190 through 10.34.200 of the Granite City Municipal Code provide for the establishment of vehicular parking spaces reserved for the use of physically handicapped persons or disabled veterans; and,

WHEREAS it is the recommendation of a Committee of the City Council that certain handicapped spaces be designated by the City Council,

**NOW THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF GRANITE CITY, MADISON COUNTY, ILLINOIS, AS FOLLOWS:**

**SECTION 1:** There is hereby designated one handicapped parking space at **1707 Edison Avenue** within the City of Granite City, Illinois, per Granite City Municipal Code Sections 10.34.190 and 10.34.195, as now or as hereafter amended. It is hereby declared unlawful to park any motor vehicle in said handicapped parking space, which is not bearing registration plates or decals issued by a Secretary of State designating the vehicle is operated by or for a handicapped or disabled person.

**SECTION 2:** The Public Works Department for the City of Granite City shall clearly mark and identify the said handicapped parking space by erecting and maintaining one or more disabled parking signs, in a form approved by the Department of Transportation, at said handicapped parking space designating said parking restriction.

**SECTION 3:** It shall hereby be illegal for any person, firm, corporation, agent, association, or employee to park any motor vehicle at any time in violation of the reservation and restriction created herein. Any person, firm, corporation, agent, association, or employee who violates any provision of this ordinance shall be subject to a fine as provided by Section 10.34.200 of the

Municipal Code, as now or as hereafter amended. A separate offense shall be deemed committed on each day during or on which a violation occurs or continues.

**SECTION 4:** The terms of any ordinances or provisions thereof in conflict herewith are hereby repealed.

**SECTION 5:** This Ordinance shall be in full force and effect from and after its passage and approval. This Ordinance shall sunset and expire without further action by the Granite City City Council, and be without force or effect, beginning May 19, 2017. This Ordinance may be published in pamphlet form by the City Clerk.

**PASSED** by the City Council of the City of Granite City, Illinois, this \_\_\_\_ day of May, 2015.

APPROVED:

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Edward Hagnauer, Mayor

ATTEST:

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Judy Whitaker, City Clerk  
69542.8

**ORDINANCE NO. \_\_\_\_\_**  
**AN ORDINANCE ESTABLISHING A HANDICAPPED PARKING SPACE FOR TWO YEARS AT**  
**2119 BRYAN AVENUE, WITHIN THE CITY OF GRANITE CITY, ILLINOIS**

WHEREAS Sections 10.34.190 through 10.34.200 of the Granite City Municipal Code provide for the establishment of vehicular parking spaces reserved for the use of physically handicapped persons or disabled veterans; and,

WHEREAS it is the recommendation of a Committee of the City Council that certain handicapped spaces be designated by the City Council,

**NOW THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF GRANITE CITY, MADISON COUNTY, ILLINOIS, AS FOLLOWS:**

**SECTION 1:** There is hereby designated one handicapped parking space at 2119 Bryan Avenue within the City of Granite City, Illinois, per Granite City Municipal Code Sections 10.34.190 and 10.34.195, as now or as hereafter amended. It is hereby declared unlawful to park any motor vehicle in said handicapped parking space, which is not bearing registration plates or decals issued by a Secretary of State designating the vehicle is operated by or for a handicapped or disabled person.

**SECTION 2:** The Public Works Department for the City of Granite City shall clearly mark and identify the said handicapped parking space by erecting and maintaining one or more disabled parking signs, in a form approved by the Department of Transportation, at said handicapped parking space designating said parking restriction.

**SECTION 3:** It shall hereby be illegal for any person, firm, corporation, agent, association, or employee to park any motor vehicle at any time in violation of the reservation and restriction created herein. Any person, firm, corporation, agent, association, or employee who violates any provision of this ordinance shall be subject to a fine as provided by Section 10.34.200 of the

Municipal Code, as now or as hereafter amended. A separate offense shall be deemed committed on each day during or on which a violation occurs or continues.

SECTION 4: The terms of any ordinances or provisions thereof in conflict herewith are hereby repealed.

SECTION 5: This Ordinance shall be in full force and effect from and after its passage and approval. This Ordinance shall sunset and expire without further action by the Granite City City Council, and be without force or effect, beginning May 19, 2017. This Ordinance may be published in pamphlet form by the City Clerk.

**PASSED** by the City Council of the City of Granite City, Illinois, this \_\_\_\_ day of May, 2015.

APPROVED:

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Edward Hagnauer, Mayor

ATTEST:

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Judy Whitaker, City Clerk  
69542.8

**ORDINANCE NO. \_\_\_\_\_**  
**AN ORDINANCE ESTABLISHING TWO HANDICAPPED PARKING SPACES FOR TWO YEARS AT 2700 EDWARDS, WITHIN THE CITY OF GRANITE CITY, ILLINOIS**

WHEREAS Sections 10.34.190 through 10.34.200 of the Granite City Municipal Code provide for the establishment of vehicular parking spaces reserved for the use of physically handicapped persons or disabled veterans; and

WHEREAS it is the recommendation of a Committee of the City Council that certain handicapped spaces be designated by the City Council,

**NOW THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF GRANITE CITY, MADISON COUNTY, ILLINOIS, AS FOLLOWS:**

**SECTION 1:** There are hereby designated two handicapped parking spaces at 2700 Edwards within the City of Granite City, Illinois, per Granite City Municipal Code Sections 10.34.190 and 10.34.195, as now or as hereafter amended. It is hereby declared unlawful to park any motor vehicle in said handicapped parking spaces, which is not bearing registration plates or decals issued by a Secretary of State designating the vehicle is operated by or for a handicapped or disabled person.

**SECTION 2:** The Public Works Department for the City of Granite City shall clearly mark and identify the said handicapped parking spaces by erecting and maintaining two or more disabled parking signs, in a form approved by the Department of Transportation, at said handicapped parking spaces designating said parking restriction.

**SECTION 3:** It shall hereby be illegal for any person, firm, corporation, agent, association, or employee to park any motor vehicle at any time in violation of the reservation and restriction created herein. Any person, firm, corporation, agent, association, or employee who violates any provision of this ordinance shall be subject to a fine as provided by Section 10.34.200 of the

Municipal Code, as now or as hereafter amended. A separate offense shall be deemed committed on each day during or on which a violation occurs or continues.

**SECTION 4:** The terms of any ordinances or provisions thereof in conflict herewith are hereby repealed.

**SECTION 5:** This Ordinance shall be in full force and effect from and after its passage and approval. This Ordinance shall sunset and expire without further action by the Granite City City Council, and be without force or effect, beginning May 19, 2017. This Ordinance may be published in pamphlet form by the City Clerk.

**PASSED** by the City Council of the City of Granite City, Illinois, this \_\_\_\_ day of May, 2015.

APPROVED:

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Edward Hagnauer, Mayor

ATTEST:

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Judy Whitaker, City Clerk  
69542.9



ORDINANCE NO. \_\_\_\_\_

AN ORDINANCE TO COLLECT AN ANNUAL REGISTRATION FEE  
FROM SEX OFFENDERS

WHEREAS, the City of Granite City is a home rule unit pursuant to Article VII, Section 6 of the Illinois State Constitution of 1970; and

WHEREAS, in 730 ILCS 150/1 et seq., the Illinois Sex Offender Registration Act, Sex Offenders are required to register with the local law enforcement, within three (3) days of beginning school, establishing a residence, place of employment, or temporary domicile, all per 730 ILCS 150/33(b); and

WHEREAS, the Sex Offender Registration Act, 730 ILCS 150/3(c)(6), calls for an initial and annual renewal fee, in the amount of \$100, to be collected by the registering law enforcement agency having jurisdiction; and

WHEREAS, the Sex Offender Registration Act provides the registering law enforcement agency may waive the registration fee if it determines the person is indigent and unable to pay the registration fee.

NOW, THEREFORE, BE IT HEREBY ORDAINED BY THE CITY COUNCIL OF THE CITY OF GRANITE CITY, ILLINOIS, as follows:

1. The Granite City Municipal Code is hereby amended to include the following new provisions, to be codified at 9.90.010, et seq.

9.90.010      REGISTRATION FEE FOR SEX OFFENDERS

- A.      Any sex offender required to register with the Granite City Police Department as a local law enforcement agency, pursuant to the Sex Offender Registration Act, 730 ILCS 150/1, as now or as hereafter amended, shall be assessed an initial and renewal registration fee as follows:

The person registering as a sex offender shall pay a \$100 registration fee and annual \$100 renewal fee to the registering law enforcement agency, the Granite City Police Department.

The Chief of the Granite City Police Department may waive the registration fee if he or she determines that the person registering is indigent and unable to pay the registration fee, where consistent with State law.

The registration fee shall be distributed in accordance with the requirements of the Illinois Sex Offender Registration Act, 730 ILCS 150/3(c)(6), as now or as hereafter amended.

B. As used in this Subsection, "Sex Offender" has the same definition as in the Illinois Sex Offender Registration Act, 730 ILCS 150/2(A), as now or as is hereafter amended.

2. This Ordinance shall take effect thirty (30) days after passage, and may be published in pamphlet form by the Office of the City Clerk.

3. Nothing in this Ordinance shall be deemed to alter or amend the requirements of Sections 9.88.010 through 9.88.090 of the Granite City Municipal Code, concerning restrictions on the location of a residence of a child sex offender.

4. Nothing in this Ordinance shall be interpreted as punitive in intent or nature. Rather, it is the intent of this Section to implement the registration fee requirements of the Illinois Sex Offender Registration Act.

PASSED this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

APPROVED: \_\_\_\_\_  
Edward Hagnauer, Mayor

ATTEST: \_\_\_\_\_  
Judy Whitaker, City Clerk

## Granite City Fire Department

## Departmental Activity Report

Current Period: 04/01/2015 to 04/30/2015, Prior Period: 04/01/2015 to 04/30/2015

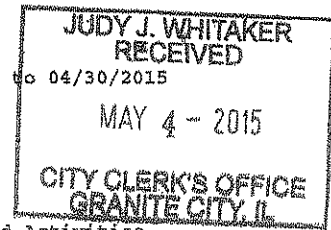
00:00 to 24:00

All Stations

All Shifts

All Units

Fire Alarm Responses, Training Classes, Occupancy Inspections and Activities



Category	Current Period		Prior Period	
	Count	Staff Hrs	Count	Staff Hrs
<b>Fire Alarm Situations</b>				
Accident, potential accident	2	02:46	2	02:46
Combustible/flammable spills & leaks	2	03:12	2	03:12
Dispatched and cancelled en route	8	01:32	8	01:32
Electrical wiring/equipment problem	1	09:06	1	09:06
Emergency medical service (EMS) Incident	3	06:38	3	06:38
False alarm and false call, Other	5	12:15	5	12:15
Fire in mobile property used as a fixed	1	04:04	1	04:04
Fire, Other	2	15:01	2	15:01
Good intent call, Other	2	01:22	2	01:22
Hazardous condition, Other	2	02:14	2	02:14
Medical assist	91	115:42	91	115:42
Mobile property (vehicle) fire	1	01:54	1	01:54
Outside rubbish fire	2	02:29	2	02:29
Overpressure rupture, explosion, overhear,	1	07:12	1	07:12
Public service assistance	1	00:32	1	00:32
Rescue or EMS standby	1	06:09	1	06:09
Rescue, emergency medical call (EMS),	3	10:10	3	10:10
Service call, Other	3	03:19	3	03:19
Steam, Other gas mistaken for smoke	1	02:00	1	02:00
Structure Fire	2	45:29	2	45:29
System or detector malfunction	5	12:13	5	12:13
Unauthorized burning	1	00:45	1	00:45
Unintentional system/detector operation	4	06:58	4	06:58
	144	273:07	144	273:07

**Inspection Violations Corrected**

COOKING GREASE FIRES CLASS K EXT REQUIRED	1	1
GENERAL REQUIREMENTS - FIRE EXTINGUISHERS	1	1
	2	2

**Inspection Violations Discovered**

ACCESSIBLE STOCK ROOM	2	2
ADDRESS NUMBERS - VISIBLE FROM STREET	3	3
COMBUSTIBLES DO NOT EXCEED 2500 SQ FT	2	2
COMMERCIAL HOOD SYSTEM SERVICE	4	4

\* Staff hours for Fire Alarm responses that have an associated EMS alarm record are considered shared hours. Shared hours are posted only with the EMS alarm responses to avoid duplication of staff hours in totals.

# Granite City Fire Department

## Departmental Activity Report

Current Period: 04/01/2015 to 04/30/2015, Prior Period: 04/01/2015 to 04/30/2015

00:00 to 24:00

All Stations

All Shifts

All Units

Fire Alarm Responses, Training Classes, Occupancy Inspections and Activities

Category	Current Period		Prior Period	
	Count	Staff Hrs	Count	Staff Hrs
<b>Inspection Violations Discovered</b>				
ELECTRICAL BREAKERS:	5		5	
ELECTRICAL SYSTEMS REQUIRE CONDUIT	4		4	
EXIT SIGN ILLUMINATION	13		13	
FD CONNECTIONS LABELED AND OPERATIONAL	2		2	
GENERAL REQUIREMENTS - FIRE EXTINGUISHERS	11		11	
ILLUMINATION EMERGENCY LIGHTS	24		24	
INTEGRITY OF CEILINGS MAINTAINED	4		4	
MEANS OF EGRESS NOT BLOCKED BY STORAGE	1		1	
NO ACCUMULATION OF WASTE MATERIAL OR WEEDS	1		1	
UNAPPROVED: COVERS, JUNCTION BOXES, OPEN	9		9	
WORKING SPACE AND CLEARANCE	2		2	
	<u>87</u>		<u>87</u>	
<b>Occupancy Inspections/Activities</b>				
INSPECTION - General	182	00:00	182	00:00
	<u>182</u>	<u>00:00</u>	<u>182</u>	<u>00:00</u>
<b>Training</b>				
Administrative Procedures	2	02:00	2	02:00
Advanced Cardiac Life Support	9	04:30	9	04:30
AERIAL TRAINING	1	01:00	1	01:00
Company Training	6	00:00	6	00:00
COMPUTER F.D. REPORT TRAINING	3	05:00	3	05:00
Drivers Training	4	04:00	4	04:00
ems back-up procedures	4	04:00	4	04:00
EMS PROTOCOL & TEXT	4	03:00	4	03:00
Fire Control, General	6	00:00	6	00:00
Fire Department Organization	14	28:00	14	28:00
Fire Inspections	13	32:30	13	32:30
First Responder-EMS	13	00:00	13	00:00
Inspection Codes	2	10:00	2	10:00
new equipment	13	13:00	13	13:00
PHYSICAL TRAINING	12	10:45	12	10:45
Policies and Procedures	2	02:00	2	02:00
pre fire planning class	9	00:00	9	00:00

\* Staff hours for Fire Alarm responses that have an associated EMS alarm record are considered shared hours. Shared hours are posted only with the EMS alarm responses to avoid duplication of staff hours in totals.

# Granite City Fire Department

## Departmental Activity Report

Current Period: 04/01/2015 to 04/30/2015, Prior Period: 04/01/2015 to 04/30/2015

00:00 to 24:00

All Stations

All Shifts

All Units

Fire Alarm Responses, Training Classes, Occupancy Inspections and Activities

Category	Current Period		Prior Period	
	Count	Staff Hrs	Count	Staff Hrs
Training				
STANDARD OPERATING GUIDELINES	130	223:31	130	223:31
Strategic and Tactical Operations	2	03:00	2	03:00
STREETS	8	05:00	8	05:00
Vehicle and Machinery Operations	2	02:00	2	02:00
	<u>259</u>	<u>353:16</u>	<u>259</u>	<u>353:16</u>

\* Staff hours for Fire Alarm responses that have an associated EMS alarm record are considered shared hours. Shared hours are posted only with the EMS alarm responses to avoid duplication of staff hours in totals.

Granite City Fire Department  
2300 Madison Ave.. Granite City, IL. 62040

**Administered Meds Count**

From: 04/01/2015 To: 04/30/2015

<b>Mutual Aid Assignments Provided</b>	<b>4</b>	<b>Mutual Aid Assignments Received</b>	<b>0</b>
Abbott Ambulance	4		

<b>Total EMS Assignments Provided</b>	<b>340</b>
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4440-02	136	40.0 %
4443-01	15	4.4 %
4447-03	185	54.4 %
4449-04	4	1.2 %

<b>No Patient At Scene Assignments</b>	<b>6</b>
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<b>Call Volume Day of Week Analysis</b>	<b>340</b>
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Monday	57	16.8 %
Tuesday	42	12.4 %
Wednesday	69	20.3 %
Thursday	57	16.8 %
Friday	28	8.2 %
Saturday	39	11.5 %
Sunday	48	14.1 %

<b>Call Volume by Hour Analysis</b>	<b>340</b>
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0	9	2.6 %
1	4	1.2 %
2	8	2.4 %
3	8	2.4 %
4	9	2.6 %
5	5	1.5 %
6	16	4.7 %
7	14	4.1 %
8	15	4.4 %
9	17	5.0 %
10	20	5.9 %
11	10	2.9 %
12	20	5.9 %
13	16	4.7 %
14	17	5.0 %
15	25	7.4 %
16	13	3.8 %
17	16	4.7 %
18	26	7.6 %

19	13	3.8 %
20	15	4.4 %
21	13	3.8 %
22	15	4.4 %
23	16	4.7 %
<b>Miles to Scene Analysis</b>		0
<b>Miles to Destination Analysis</b>		226
.1 - 5	154	68.1 %
05 - 10	7	3.1 %
10 - 15	50	22.1 %
15 - 20	13	5.8 %
20 - 25	2	0.9 %
<b>Miles to Base Analysis</b>		0
<b>Crew Shift Assignments Analysis</b>		340
1	119	35.0 %
2	120	35.3 %
3	101	29.7 %
<b>Responded From Assignments Analysis</b>		340
Hospital	30	8.8 %
On Street in City	25	7.4 %
On Street out of City	2	0.6 %
Station 1	177	52.1 %
Station 2	1	0.3 %
Station 3	105	30.9 %
<b>District Assignments Analysis</b>		337
	5	1.5 %
Non-Resident	58	17.2 %
Resident	274	81.3 %
<b>Location City Analysis</b>		340
62040	1	0.3 %
granite city	337	99.1 %
PONTOON BEACH	1	0.3 %
St. Louis	1	0.3 %
<b>Location County Analysis</b>		340
madison	339	99.7 %
St Louis	1	0.3 %
<b>Location Type Analysis</b>		340
Home / Residence	204	60.0 %
Farm / Ranch	4	1.2 %
Office / Business / Ind	15	4.4 %

Street / Highway	25	7.4 %
Public Building / Area	25	7.4 %
Residential Institution	9	2.6 %
Other Specified Location	51	15.0 %
Unspecified	1	0.3 %
Education Facility	2	0.6 %
Not Applicable	4	1.2 %

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<b>EMS Assignments Response Type Analysis</b>	340
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911 Response (Scene)	339	99.7 %
Interfacility Transfer	2	0.6 %
Mutual Aid	2	0.6 %

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<b>EMS Assignments Response Mode Analysis</b>	340
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No Lights or Sirens	64	18.8 %
Unknown	279	82.1 %

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<b>EMS Assignments Transport Type Analysis</b>	337
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D.O.A.	5	1.5 %
No Treat Request	14	4.2 %
Not Applicable	4	1.2 %
Patient Refused Care	46	13.6 %
Treat/Transfer Care	2	0.6 %
Treat/Transport	266	78.9 %

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<b>Destination Analysis</b>	337
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*No Transport	70	20.8 %
*Residence	5	1.5 %
Anderson Hospital Maryville	6	1.8 %
St. Anthony's Hospital Alton	1	0.3 %
*Gateway Regional Medical Center	182	54.0 %
Touchette Regional Hospital, Inc. Centreville	1	0.3 %
Davita Dialysis Center	1	0.3 %
Christian Hospital Northeast	4	1.2 %
Missouri Baptist Medical Center	2	0.6 %
John Cochran VA- St. Louis	1	0.3 %
St. Louis University Hospital - Main	16	4.7 %
SSM Cardinal Glennon Children's Hospital	18	5.3 %
St. Louis Children's Hospital	7	2.1 %
Barnes-Jewish Hospital - South	12	3.6 %
St. Mary's Hospital	3	0.9 %
*Granite Nursing & Rehab	2	0.6 %
*Stearns Nursing & Rehab	2	0.6 %
Collinsville Care Center	1	0.3 %
Doctor Office	1	0.3 %



Fountainview Memory Center	2	0.6 %
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**Destination Analysis (Trauma)**

62

*No Transport	8	12.9 %
Anderson Hospital Maryville	1	1.6 %
*Gateway Regional Medical Center	36	58.1 %
John Cochran VA- St. Louis	1	1.6 %
St. Louis University Hospital - Main	5	8.1 %
SSM Cardinal Glennon Children's Hospital	5	8.1 %
St. Louis Children's Hospital	2	3.2 %
Barnes-Jewish Hospital - South	4	6.5 %

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**Destination Determination Analysis**

337

Closest Facility (None Below)	139	41.2 %
Not Applicable	66	19.6 %
Patient / Family Choice	83	24.6 %
Patient physician choice	42	12.5 %
Managed Care	2	0.6 %
Law Enforcement Choice	1	0.3 %
Medical Control	2	0.6 %
Other	2	0.6 %

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**Insurance Providers Analysis**

336

COVENTRY HEALTH PLAN OF MO	2	0.6 %
AARP medicare complete	2	0.6 %
Advantra	1	0.3 %
Advantra Coventry	3	0.9 %
Advantra GHP	3	0.9 %
Advantra GOLD ADVANTAGE	2	0.6 %
Advantra Medicare HMO	4	1.2 %
Anderson V	1	0.3 %
Anthem MEDICARE	1	0.3 %
AssURANT HEALTH GHW CIGNA	1	0.3 %
BCBS	2	0.6 %
Bcbs il	3	0.9 %
BCBS NC	1	0.3 %
BCBS OF IL	1	0.3 %
BCBS PA	3	0.9 %
Blue Cross Blue Shield IL	1	0.3 %
Cigna	1	0.3 %
Cigna PPO	1	0.3 %
CMR	2	0.6 %
CoVENTRY HEALTH CARE	1	0.3 %
Coventry Health Plan Of MO	1	0.3 %
Coventry One	1	0.3 %

Essence	1	0.3 %
Essence healthcare	2	0.6 %
GHP	1	0.3 %
Harmony	1	0.3 %
Harmony Health Plan	10	3.0 %
Healthlink	1	0.3 %
Healthlink HMO	1	0.3 %
Healthlink Open Access	1	0.3 %
Humana GOLD CHOICE	4	1.2 %
Humana HMO	2	0.6 %
Medicaid Illinois	34	10.1 %
Medicare A+B	1	0.3 %
Medicare complete	4	1.2 %
Medicare HMO	5	1.5 %
Medicare Mutual Omaha PO 1602	89	26.5 %
Medicare Outpatient	1	0.3 %
Medicare Railroad	1	0.3 %
Meridian healthplan	1	0.3 %
Meridian Health Plan	18	5.4 %
Meridian Healthplan	1	0.3 %
Missouri Medicaid	1	0.3 %
Molina Care of Illinois	1	0.3 %
Molina health care	2	0.6 %
Molina Health care of IL	1	0.3 %
Molina healthcare	1	0.3 %
Molina Healthcare of IL	12	3.6 %
Molina Healthcare Of Illinois	2	0.6 %
Molina Healthcare	1	0.3 %
N/A	7	2.1 %
No Secondary Insurance	1	0.3 %
No TRANSPORT	8	2.4 %
Not applicable	1	0.3 %
Not available	1	0.3 %
null	10	3.0 %
Quality Rail Service	1	0.3 %
Self Pay	53	15.8 %
State of IL EMPL/HEALTHLINK	1	0.3 %
Tricare Prime	2	0.6 %
United Healthcare Choice	3	0.9 %
United Healthcare Mth	1	0.3 %
United Healthcare/HMO MCR	1	0.3 %
UnitY HOSPICE OF ST LOUIS	1	0.3 %
Unknown	2	0.6 %
VAMD CTR NONVA CARE 04FJB	1	0.3 %
Veteran's Administration	1	0.3 %

Wellcare Medicare HMO	1	0.3 %
Worker's Compensation	2	0.6 %

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<b>Dispatch Complaint Assignments Analysis</b>	<b>340</b>
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Abdominal Pain	14	4.1 %
Allergies/Hives/Med reaction	1	0.3 %
Animal bite	1	0.3 %
Assault	2	0.6 %
Back pain (non traumatic)	8	2.4 %
Breathing problems	41	12.1 %
Cardiac/Respiratory arrest	2	0.6 %
Chest pain	27	7.9 %
Convulsions/Seizure	14	4.1 %
Diabetic problems	6	1.8 %
Emergency Transfer	4	1.2 %
Fall (nontraumatic)	12	3.5 %
Falls/Back injury (traumatic)	15	4.4 %
Headache	2	0.6 %
Heart Problems	2	0.6 %
Hemorrhage/Laceration	2	0.6 %
Lift Assist ( no injury complaint)	16	4.7 %
Nature unknown	8	2.4 %
Nausea/Vomiting	4	1.2 %
Non-Emergency Transfer	8	2.4 %
Overdose/Ingestion/Poisoning	8	2.4 %
Psych/Suicide	5	1.5 %
Sick case	26	7.6 %
Stroke(CVA)	6	1.8 %
Traffic accident	17	5.0 %
Transfer/Interfacility/Palliative Care	44	12.9 %
Traumatic injuries	14	4.1 %
Unconscious/Fainting	14	4.1 %
Unknown Problem Man Down	9	2.6 %
Unknown Problem/Man Down	8	2.4 %

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<b>Total Number Of Patients</b>	<b>337</b>
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<b>Patient Age Analysis</b>
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18-35	49	14.5 %
36-65	106	31.5 %
65+	146	43.3 %
Less Than 18	36	10.7 %

<b>Patient Gender Analysis</b>
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Female	194	57.6 %
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Male	143	42.4 %
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#### Patient Ethnic Analysis

Black	53	15.7 %
Hispanic	14	4.2 %
Other	2	0.6 %
Unknown	1	0.3 %
White	267	79.2 %

#### Patient Pre Existing Conditions Analysis

722

22 weeks pregnant	1	0.1 %
A-Fib	15	2.1 %
Abruptio Placentae	1	0.1 %
Acid Reflux / GERD	2	0.3 %
Addison's disease	1	0.1 %
Alcoholism	9	1.2 %
Alzheimers disease	10	1.4 %
Anemia, sickle cell	1	0.1 %
AnGER	1	0.1 %
Anxiety	21	2.9 %
Arthritis	1	0.1 %
Arthritis, osteo	4	0.6 %
Arthritis, rheumatoid	4	0.6 %
Asthma	20	2.8 %
Back pain	4	0.6 %
Behavioral / Psych	1	0.1 %
Bell's Palsy	1	0.1 %
Bi-polar	8	1.1 %
BiLATERAL KIDNEY TRANSPLANTS	1	0.1 %
Bipolar	2	0.3 %
Blood clot	1	0.1 %
Bowel Obstruction	1	0.1 %
Brain aneurism	1	0.1 %
Brain bleed	1	0.1 %
BRAIN SURGERY	3	0.4 %
Brain tumor	1	0.1 %
BREAST CANCER	1	0.1 %
CABG	1	0.1 %
CAD	3	0.4 %
Cancer	17	2.4 %
Cardiac	47	6.5 %
Cardiac stent	1	0.1 %
CELLULITIS	1	0.1 %
CHF	23	3.2 %

Chronic Back Pain	1	0.1 %
Chronic Back Problems	1	0.1 %
Chronic Hip Pain	1	0.1 %
Chronic Pain	2	0.3 %
COPD	52	7.2 %
CVA	13	1.8 %
Defibrillator	1	0.1 %
Dementia	18	2.5 %
Depression	17	2.4 %
Diabetes	3	0.4 %
Diabetes type 1	11	1.5 %
Diabetes type 2	45	6.2 %
Dialysis / Renal Failure	8	1.1 %
Drug abuse	2	0.3 %
DVT	2	0.3 %
Ear Infection	1	0.1 %
Emphysema	2	0.3 %
EPILEPSY	2	0.3 %
Esophageal Reflux	2	0.3 %
Fibromyalgia	1	0.1 %
Gall Bladder Surgery	1	0.1 %
Gall stones	2	0.3 %
Gangrenous ABD/GROIN	1	0.1 %
GERD	3	0.4 %
Headache, Migraine	1	0.1 %
Heart ablation	1	0.1 %
Heart valve defect	1	0.1 %
Hemorrhoidectomy	1	0.1 %
Hepatitis C	3	0.4 %
High Cholesterol	2	0.3 %
Hip injury	1	0.1 %
HIV	1	0.1 %
HTN	38	5.3 %
htn ,		
hyperlipidemia,cva,arthritis,depression	1	0.1 %
Hypercholesterolemia	1	0.1 %
Hyperlipidemia	2	0.3 %
Hypertension	74	10.2 %
Hyperthyroid	1	0.1 %
Hypoglycemia	1	0.1 %
Hypotension	1	0.1 %
Hypothyroidism	1	0.1 %
IDDM	2	0.3 %
IMMUNODEFICIENCY	1	0.1 %
insomnia	1	0.1 %

irregular heart rate	1	0.1 %
Kidney disease	1	0.1 %
Kidney Stones	1	0.1 %
Knee replacement	1	0.1 %
Liver disease	1	0.1 %
Mental Retardation	2	0.3 %
MI	12	1.7 %
Migraines	1	0.1 %
MORBID OBESITY	1	0.1 %
MS	3	0.4 %
MuLTIPLE SCLEROSIS	1	0.1 %
Neuropathy	3	0.4 %
NONE	54	7.5 %
Osteoarthritis	3	0.4 %
Osteoporosis	2	0.3 %
Ovarian cyst	1	0.1 %
Pacemaker	10	1.4 %
Pancreatitis	5	0.7 %
Panic Disorder	1	0.1 %
Parkinsons	3	0.4 %
Pneumonia	3	0.4 %
Polio	1	0.1 %
Pregnancy	2	0.3 %
Premature Birth	1	0.1 %
PreVIOUS MISCARRIAGE	1	0.1 %
Psych	2	0.3 %
Psychiatric	3	0.4 %
Renal Failure	8	1.1 %
Right lung cancer	1	0.1 %
Schizophrenia	4	0.6 %
Sciatica	1	0.1 %
Seizures	18	2.5 %
Smoker	1	0.1 %
Spinal Fusion	3	0.4 %
SPINAL STENOSIS	3	0.4 %
staph infection	1	0.1 %
Stents	1	0.1 %
Substance Abuse	1	0.1 %
Substance abuse (heroin)	1	0.1 %
SVT	1	0.1 %
Thyroid	1	0.1 %
TIA	4	0.6 %
Transient Ischemic Attack	2	0.3 %
Triple bypass	1	0.1 %
Ulcer	1	0.1 %

Unknown	11	1.5 %
UTI	1	0.1 %

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<b>Patient Primary Illness Assessment Analysis</b>	<b>264</b>
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Abdominal pain/problems	20	7.6 %
Airway Obstruction	1	0.4 %
Altered level of consciousness	12	4.5 %
Behavioral/psychiatric disorder	9	3.4 %
Cardiac arrest	6	2.3 %
Cardiac rhythm disturbance	2	0.8 %
Chest pain/discomfort	21	8.0 %
Diabetic symptoms	4	1.5 %
Hypovolemia/shock	1	0.4 %
Poisoning/drug ingestion	8	3.0 %
Pregnancy/OB delivery	1	0.4 %
Respiratory Arrest	1	0.4 %
Respiratory Distress	28	10.6 %
Seizure	7	2.7 %
Stroke/CVA	3	1.1 %
Syncope/fainting	9	3.4 %
Vaginal hemorrhage	1	0.4 %
Other	129	48.9 %
Unknown	1	0.4 %

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<b>Patient Primary Trauma Cause Assessment Analysis</b>	<b>46</b>
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Bites	2	4.3 %
Blunt/Thrown Object	1	2.2 %
Falls	21	45.7 %
Machinery Accident	3	6.5 %
Motor Vehicle Crash	5	10.9 %
Motorcycle Accident	1	2.2 %
Other	7	15.2 %
Stabbing/Cutting Accidental	1	2.2 %
Unknown	5	10.9 %

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<b>Procedures Administered Analysis</b>	<b>1496</b>
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12 Lead ECG-Transmitted	2	0.1 %
Airway position - head-tilt chin-lift	1	0.1 %
Airway-CPAP	1	0.1 %
Airway-King LT Blind Insertion	1	0.1 %
Airway Device		
Airway-Nebulizer Treatment	1	0.1 %
Assessment-Adult	247	16.5 %
Assessment-Pediatric	16	1.1 %
Bandage - compression	1	0.1 %
Bandage - sterile	5	0.3 %

Blood glucose analysis	296	19.8 %
Capnography (CO2 indicator)	2	0.1 %
Capnography (ETCO2 Monitor)	1	0.1 %
Cervical collar application	11	0.7 %
Cold pack application	4	0.3 %
CPR	20	1.3 %
Defibrillation-Placement for Monitoring/Analysis	1	0.1 %
ECG - 12 lead	80	5.3 %
ECG - 4 lead	146	9.8 %
ECG 15 lead	1	0.1 %
Endotracheal intubation	2	0.1 %
Intraosseous insertion	2	0.1 %
Intravenous established	152	10.2 %
Intravenous maintained	8	0.5 %
Intravenous Unsuccessful I	34	2.3 %
LUCAS Chest Compression SystemI	2	0.1 %
Moved by long spine board	8	0.5 %
Moved by manual lift/carry	41	2.7 %
Moved by stairchair	19	1.3 %
Nasopharyngeal airway insertion	2	0.1 %
Pain Measurement	8	0.5 %
Patient Loaded	32	2.1 %
Patient Off-Loaded	32	2.1 %
Position Pt - modified trendelenberg	2	0.1 %
Position Pt - semi-fowlers	1	0.1 %
Pulse Oximetry	81	5.4 %
Sling	1	0.1 %
Spinal immobilization	7	0.5 %
Splint - extremity	2	0.1 %
Splinting-Basic	1	0.1 %
Temperature Measurement (Tympanic)	22	1.5 %
Transported on stretcher secured with belts	184	12.3 %
Transported secured in personal child seat	5	0.3 %
Transported secured in unit child seat	3	0.2 %
Ventilation assist - BVM	4	0.3 %
Wound Care-General	3	0.2 %
Wound Care-Irrigation	1	0.1 %

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#### Medications Administered Analysis

255

Albuterol	17	6.7 %
Aspirin	17	6.7 %
Atropine sulfate	2	0.8 %



Dexamethasone sodium phosphate (Decadron)	6	2.4 %
Dextrose 50%	3	1.2 %
Epinephrine HCL (1:10,000)	4	1.6 %
Glucagon	1	0.4 %
Intravenous electrolyte solutions Dextrose	1	0.4 %
Intravenous electrolyte solutions Lactated Ringer	2	0.8 %
Intravenous electrolyte solutions Sodium chloride	45	17.6 %
Ketorlac (tordol)	1	0.4 %
Naloxone HCL	5	2.0 %
Nitroglycerin ointment	3	1.2 %
Nitroglycerin spray	19	7.5 %
Nitroglycerin sublingual tablets	3	1.2 %
Ondansetron (zofran)	8	3.1 %
Oxygen	117	45.9 %
Vasopressin	1	0.4 %

#### EMS Assignments Summary

EMS Assignments:	340	
Mutual Aid Provided:	4	1.18 %
Mutual Aid Received:	0	0.00%
No Patient At Scene:	6	1.76 %

Patient Care Reports:	337	
Illness Related:	264	78.34 %
Trauma Related:	46	13.65 %

ORDINANCE NO. \_\_\_\_\_

AN ORDINANCE REQUIRING INSURANCE COVERAGE FOR PERSONS  
CONDUCTING SPECIFIC EVENTS ON CITY FACILITIES OR CITY PROPERTY

WHEREAS, the City of Granite City is a home rule unit pursuant to Article VII, Section 6, of the Illinois State Constitution of 1970;

WHEREAS, from time to time persons and not-for-profit organizations request permission to use City facilities, such as City-owned buildings and City-maintained public rights-of-way, for events; and

WHEREAS, the Granite City City Council finds where an event involves alcohol on City facilities, the event hosts should obtain liability insurance protecting the City; and

WHEREAS, the Granite City City Council finds where an event involves money changing hands inside a City-owned building, the event hosts should generally provide liability insurance coverage for the City; and

WHEREAS, the Granite City City Council finds events that take place entirely outdoors, and which do not involve alcohol, should generally be exempt from any requirement of insurance under this Ordinance.

Now, therefore, be it Ordained by the City Council of the City of Granite City, IL, as follows.

There shall be added to the Granite City Municipal Code, the following section 9.03.030.

1. 9.03.030 PROOF OF INSURANCE FOR PUBLIC EVENTS

A. For purposes of this Ordinance, the following definitions apply.

1. "Public Event" –

- a. Any event allowing the delivery, sale, supply, or consumption of any alcoholic beverage on City property or on public rights-of-way within the corporate limits of the City of Granite City, is a public event. In addition,
- b. Any event is a public event which takes place in whole or in part indoors, in a building or structure owned by the City of Granite City, where fees for goods or services are charged or where donations are solicited during that event, inside or at the door of the City-owned building. However,
  - (i) an event where a movie or film is shown within a City-owned structure built and designed for the purpose of showing films and movies, is exempt from the insurance requirements of this section; and
  - (ii) a block party, sponsored and hosted by a church, by a charity, or by an unincorporated association of residents of Granite City, is exempt from the insurance requirements of this section; and

(iii) The Office of the Mayor has the authority to issue to the host of any public event who timely applies before the event, an exemption to the insurance requirements of this section.

2. "City Facilities" – includes City-maintained rights-of-way and the interior of any public improvement, building, or structure, owned by the City of Granite City.

3. "Host of Public Event" – includes any person, corporation, not-for-profit organization, individual, organization, or entity, that organizes, hosts, promotes, produces, or seeks City approval of or a permit regarding, a public event in or on City facilities, in the City of Granite City.

4. "Event" – any meeting, assembly, cooking, party, celebration, performance, musical production, or other function, whether open generally to the public, or by invitation only.

#### B. INSURANCE FOR PUBLIC EVENTS

1. No host of a public event shall organize, promote, produce, receive a permit regarding, or otherwise host the public event, without complying with all requirements of this Ordinance.

2. A host of the public event shall, at least ten days before the public event, provide documentation to the Office of the Mayor or to the Office of the City Risk Manager, that the public event is covered by comprehensive general liability insurance coverage, naming the City of Granite City as additional insured. The comprehensive general liability insurance coverage shall be in an amount no less than \$1,000,000 in coverage. The deductible on that comprehensive general liability coverage shall be no greater than \$50,000.

3. no person shall host a public event without first obtaining comprehensive general liability coverage, in an amount of at least \$1,000,000 in coverage, and with a deductible no greater than \$50,000, naming the City of Granite City as additional insured. No person shall host a public event without maintaining said comprehensive general liability coverage throughout the term of the public event.

#### C. PENALTY

Any host of any public event that fails to fully comply with this Ordinance shall be deemed guilty of a misdemeanor and subject to a fine of up to \$750 for each day the event takes place.

D. SEVERANCE

It is not the intent of this Ordinance to restrict any peaceful exercise of first amendment rights, such as assembly and free speech, whether in a public meeting, parade, or otherwise. Nothing in this Ordinance shall be interpreted to prohibit or discourage peaceful assembly, parades, informational picketing, spontaneous or organized freedom of expression, or any other right protected by the first amendment to the U.S. Constitution. In the event any court of competent jurisdiction should find any provision of this Ordinance unenforceable, said provision shall be deemed severed and stricken from the rest of this Ordinance.

2. This Ordinance shall take effect upon passage, and may be published in pamphlet form by the Office of the City Clerk.

PASSED by the City Council of the City of Granite City, Illinois, this \_\_\_\_ day of May, 2015.

APPROVED: \_\_\_\_\_  
Mayor Ed Hagnauer

ATTEST: \_\_\_\_\_  
City Clerk Judy Whitaker

82328



# Office of Risk Management

Lynnette Kozer, Risk Manager  
Granite City, IL. 62040

JUDY J. WHITAKER  
RECEIVED

MAY 12 2015

CITY CLERK'S OFFICE  
GRANITE CITY, IL

1/1/15 - 5/13/15

Worker's Compensation, Liability, Property Reports

## Lost Time

Employee	Depart.	First Day Off Duty	Days Off	Acc. Date	Light Days	Incident	Treatment/Injury/Body Part
Atchison, D	Police	4/26/2013	382	09/03/09		Auto accident	Neck injury, surgery
Davis, P	P.W.	4/28/2014	209	4/28/2014		Lifted trailer to replace pin	Shoulder surgery
Shurtz, D	Fire	11/18/2014	8	11/18/15		Fell handling charged hose	1st Shoulder surgery
Larsen, L	P.W.	1/22/2015	2	01/22/15		Fell from ladder	Bilateral Knees
Sykes, C	Fire	2/6/2015	69	2/6/2015		Turning to grasp fire hose	Back
Schroeder, H	P.W.	2/9/2015	46	02/09/15		Hit pothole in alley	Neck
Schaefer, J	Police	3/10/2015	14	3/10/2015		Subduing Suspect	Multi-Body Parts
Blaylock, J	Police	3/10/2015	14	3/10/2015		Subduing Suspect	Multi-Body Parts
Varga, L	Police	3/18/2015	3	3/18/2015		Subduing Suspect	Multi-Body Parts
Shurtz, D	Fire	3/23/2015	8	11/19/15		Fell handling charged hose	2nd Shoulder surgery
Pedigo, M	P.W.	5/8/2015	2	05/08/15		Tripped on Jet hose	Elbow, knee, neck
Blaylock, J	Police	5/12/2015	2	3/10/2015		Subduing Suspect	Multi-Body Parts

## Currently Off Duty

## Light Duty

Employee	Dept.	First Day on Light	Days Off	Acc. Date	Light Days	Incident	Treatment/Injury/Body Part
Sykes, C	Fire	2/6/2015	68	2/6/2015	20	Turning to grasp fire hose	Back
Shurtz, D	Fire	2/9/2015	25	11/18/15	30	Fell handling charged hose	1st Shoulder surgery
Varga, L	Police	3/23/2015	3	3/18/2015	16	Subduing Suspect	Multi-Body Parts
Schaefer, J	Police	3/30/2015	14	3/10/2015	23	Subduing Suspect	Multi-Body Parts
Blaylock, J	Police	3/30/2015	14	3/10/2015	11	Subduing Suspect	Multi-Body Parts
Shurtz, D	Fire	4/2/2015	30	11/18/15	16	Fell handling charged hose	2nd Shoulder surgery

## Currently on Light



# Office of Risk Management

Lynnette Kozer, Risk Manager  
Granite City, IL. 62040

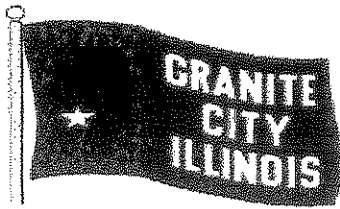
Page 2

1/1/15 - 5/13/15

## Worker's Compensation, Liability, Property Reports

### No Lost Time - Incident Only

Employee	Dept.	Date	Medical/1st Aid	Incident	Treatment/ Injury/Body Part
Nighohossian, G	Fire	6/30/2014		Repetitive Trauma, climbing	Bilateral knees
Schaefer, J	P.D.	1/4/2015	No	Meth Lab	Inhalation symptoms
Blaylock, J	P.D.	1/4/2015	No	Meth Lab	Inhalation symptoms
Varga, L	P.D.	1/4/2015	No	Meth Lab	Inhalation symptoms
Reynolds, L	P.D.	1/4/2015	No	Meth Lab	Inhalation symptoms
Larsen, K	P.W.	1/22/2015	Yes	Fell from Ladder	Knee and Leg
Croxton, G	Police	1/28/2015	Yes	Rolling Hose	Foreign Body in Eye
Croxton, G	Police	3/16/2015	Yes	Bodily Fluid Exposure	Abrasion on Right arm
Laird, J	WWTP	3/25/2015	Yes	Poison Ivy	Multiple Body Parts
Brawley, N	WWTP	4/12/2015	Yes	Poison Ivy	Multiple Body Parts
Bastilla, D	Police	4/13/2015	No	Stepped on broken concrete	Ankle
Guffey, R	P.W.	4/14/2015	Yes	Laceration from nail	Hand
Hunter, J	Police	4/28/2015	No	Chasing suspect	Hamstring



Lynnette Kozer, Risk Manager  
Granite City, IL 62040

Page 3

1/1/15 - 5/13/15

Worker's Compensation, Liability, Property Reports

## Liability

Location	Date	Damages; Injury	Cost/Denial	Cause	Treatment/Injury/Body Part
2204 Johnson Road	01/04/15	Carpet, Furniture	denied	Sewer backup	None
St. Clair @ Willow	02/03/15	Property	\$ 4,145.00	Guardrail struck	Owners insurance paid
Maryville, 162	3/20/2015			Manhole gave way	Groin Injury
1627 Amos	04/01/15	Property	denied	Salt from snow removal	Grass damage

## Auto/Property

Location	Date	Dept./Property	Cost/Denial	Damages	Payment/Injury/Body Part
2703 Roosevelt	01/15/15	Property	\$ 300.00	Vehicle struck stop sign	Allstate Paid
Willow at St. Clair	2/3/2015	Guardrail	\$ 4,145.00	Vehicle struck guardrail	Country Financial Paid
Pontoon at Wabash	02/05/15	Stop Sign	\$ 150.00	Vehicle struck stop sign	Allstate Paid

RESOLUTION TO HIRE  
ELECTRIC RATE CONSULTANTS

WHEREAS, the City of Granite City is a Home Rule Unit pursuant to Article 7, Section 6, of the Illinois State Constitution of 1970; and

WHEREAS, the City of Granite City, as a municipal entity, uses electric power in providing to its residents the services and amenities of a municipal government; and

WHEREAS, the City of Granite City, like other significant consumers of electric power in Illinois, expects to experience a significant increase in the rates and amounts it pays for electricity; and

WHEREAS, the City has the opportunity to negotiate and secure electric power and energy from third party suppliers; and

WHEREAS, the City and attorneys representing the City, in obtaining a supply of electric power and energy, will need support from rate consultants in negotiations; and

WHEREAS, the City previously hired Brubaker and Associates as electric rate consultants, per Resolution. passed by the City Council January 15, 2008, and again in a resolution adopted May 3, 2011; and

WHEREAS, Brubaker and Associates of St. Louis, Missouri, has for decades advised large consumers of electric power in negotiating rates, opposing rate increases before the Illinois Commerce Commission, and otherwise advising significant consumers of electric power in Illinois, in their acquisition of electric power and energy.

Now, therefore, be it hereby resolved that the Office of the Mayor is authorized to hire Brubaker and Associates, at the attached rates, to advise and represent the City of Granite City in securing its electric power and energy supply. Passed this \_\_\_\_\_ day of May, 2015.

Approved:

\_\_\_\_\_  
Mayor Edward Hagnauer

ATTEST:

\_\_\_\_\_  
City Clerk, Judy Whitaker

62426.2





BRUBAKER & ASSOCIATES, INC.

PO Box 412000  
St. Louis, MO 63141-2000  
Tel (636) 898-6725  
Fax (636) 898-6726



*Powerful Connections For Energy Solutions*

Physical Address

16690 Swingley Ridge Road  
Suite Number 140  
Chesterfield, MO 63017

**Via: E-Mail**

May 8, 2015

Mr. Scott Oney  
Comptroller, City of Granite City, Illinois  
2000 Edison Street  
Granite City, IL 62040

**Re: Energy Consulting Services – Electricity Procurement**

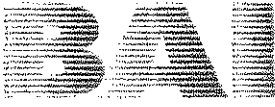
Dear Scott:

On behalf of Brubaker & Associates, Inc. ("BAI"), we appreciate the opportunity to submit this proposal to assist the City of Granite City ("City") in seeking new electric supply arrangements for service beginning at the end of the current contract, in July of 2015.

This proposal is for the following services:

- Summarize historical usage data;
- Prepare a solicitation of electric supply offers from the City's current supplier and at least three other suppliers active in the Ameren Illinois Company territory;
- Evaluation of the electric supply offers, including both the economic evaluation of the contracts on a total cost basis to the City and a business evaluation of the contract terms and conditions, including a comparison to the applicable Ameren Illinois Company supply rate;
- A recommendation for subsequent contract negotiations with one or two finalists;
- Propose contract revisions, as necessary; and
- Assist the City in monitoring the market, and providing recommendations as to timing of contract execution.

We estimate the cost of these services at \$7,000 to \$10,000, with a not-to-exceed cost of \$10,000, without prior authorization. This cost will cover our fees, at our standard hourly rates and direct pass-through of any associated expenses. The City will be billed only for fees and expenses actually incurred. Our current standard hourly rates are provided on the attachment.



Mr. Scott Oney  
City of Granite City, Illinois  
May 8, 2015  
Page 2

Once again, thank you for the opportunity to submit this proposal to assist the City with its electric supply procurement activities. Brubaker & Associates, Inc. has enjoyed the opportunity to work with the City in the past and looks forward to furthering this relationship.

Regards,

BRUBAKER & ASSOCIATES, INC.

*Robert R. Stephens*

Robert R. Stephens

Attachment

\\doc\shares\prolawdocs\sdwi10081\letter1278868.docx



## BRUBAKER & ASSOCIATES, INC.

### HOURLY RATES

AS OF JANUARY 2015

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Principals	\$180 - \$350 per hour
Associates	\$165 - \$200 per hour
Consultants	\$100 - \$165 per hour
Analysts and Specialists	\$90 - \$135 per hour

---

Note: BAI reserves the right to periodically adjust its hourly rates as circumstances may warrant. This would not affect the total cost of projects with specific budgetary limits.

RESOLUTION TO HIRE  
SPECIAL COUNSEL TO ASSIST THE CITY  
IN NEGOTIATIONS AND CONTRACTING  
FOR ELECTRIC POWER SUPPLY

WHEREAS, the City of Granite City is a Home Rule Unit pursuant to Article 7, Section 6, of the Illinois State Constitution of 1970; and

WHEREAS, the City of Granite City, as a municipal entity, uses electric power and energy in providing to its residents the services and amenities of a municipal government; and

WHEREAS, the City of Granite City, like other significant consumers of electric power and energy in Illinois, expects to experience a significant increase in the rates and amounts it pays for electricity; and

WHEREAS, the City of Granite City has the opportunity to secure electric power and energy from third party suppliers.

WHEREAS, Eric Robertson, and the Law Firm of Lueders, Robertson & Konzen, has for decades advised and represented large consumers of electric power in negotiating rates, opposing rate increases before the Illinois Commerce Commission, opposing rate increases in the courts, and otherwise advising significant consumers of electric power and energy in Illinois, in their efforts to acquire electricity; and

WHEREAS, Eric Robertson, and the Law Firm of Lueders, Robertson & Konzen, of Granite City are the only Attorneys in the County of Madison with decades of experience in the area of electric power and energy supply; and

WHEREAS, the City of Granite City so hired Mr. Robertson and his Law Firm by Resolution adopted January 15, 2008, and again by Resolution adopted May 3, 2011, to represent the City in negotiations for electric power contracts; and

Now, therefore, be it hereby ordained, decreed, and resolved that the Office of the Mayor is authorized to hire Eric Robertson, and the Law Firm of Lueders, Robertson & Konzen, to advise and represent the City of Granite City, in negotiating and contracting for its supply of electric power and energy. Mr. Robertson and said Law Firm shall be reimbursed for their services at the same rate of \$150.00 per hour, plus reasonable expenses actually incurred.

Approved this \_\_\_\_\_ day of May, 2015.

\_\_\_\_\_  
Notary Public

Approved:

\_\_\_\_\_  
Mayor Edward Hagnauer

ATTEST:

\_\_\_\_\_  
City Clerk, Judy Whitaker

## RESOLUTION

WHEREAS, The City Council of the City of Granite City, on the 6<sup>th</sup> day of May, 2014, adopted Ordinance 8423 approving the TIF Grant Guidelines adopted for the Downtown Redevelopment Project Area, and

WHEREAS, City Ordinance 8423 established the Downtown TIF Grants Program for the purpose of assisting local business owners in the Redevelopment Project Area with façade improvements, bringing buildings up to code and other permanent building improvements, and

WHEREAS, On August 6, 2014 the City received a grant application from Tank's Training Facility ("the business"), attached, requesting financial assistance with façade improvements to the property at 1908 State Street, which is within the Redevelopment Project Area, and,

WHEREAS, the Granite City City Council previously approved a grant of \$4,246.80 in November, 2014 for improvements to the same Facility.

WHEREAS, The Downtown TIF Grants Committee recommends approval of the businesses grant application in the amount of \$4,890.00, which will not exceed \$10,000 total, when added to the grant awarded said Facility in 2014; and,

WHEREAS, On April 28, 2015, the project as presented in the grant application was approved by the Granite City HARC Board as required by Ordinance 8423, as to proposed improvements to windows and doors only.

NOW THEREFORE, BE IT RESOLVED, by the City of Granite City Council as follows:

1. The Redevelopment Agreement with Tank's Training Facility, a copy of which is attached hereto, be and the same is hereby approved, with a grant in the amount of \$4,890.00, for the improvement of windows and doors only, at the 1908 State Street property.
2. The Mayor of the City of Granite City is hereby authorized and empowered to execute said agreement.

PASSED by the City Council of the City of Granite City on this 19<sup>th</sup> day of May, 2015.

APPROVED by the Mayor of the City of Granite City on this 19<sup>th</sup> day of May, 2015.

(SEAL)

**CITY OF GRANITE CITY, ILLINOIS**

By: \_\_\_\_\_  
Mayor

Attest: \_\_\_\_\_  
City Clerk

83669

City of Granite City Downtown TIF Grant Program Application

Applications must be reviewed and a redevelopment agreement approved before the project begins. Reimbursement of costs for work completed prior to execution of a written agreement will not be made. If there is a significant change in the scope of the project after the application has been approved, the applicant must re-apply with the scope of the new project.

Please submit application to: Jonathan Ferry  
Economic Development Director  
Granite City, Illinois  
City Hall  
2000 Edison Avenue  
Granite City, IL 62040  
618.452.6213

---

Applicant Name: JOHN "CHRIS" JANEK Business Name: TANKS TRAINING FACILITY  
Applicant Mailing Address: 2650 EDISON AVENUE GRANITE CITY IL 62040  
Applicant Phone Number: 618-531-6720 Email: tankstrainingfacility@yahoo.com  
Federal Employer Identification Number (FEIN): 26-4610278

Type of Business Entity:

☐ Individual    ☒ <sup>LLC</sup> Corporation    ☐ Partnership    ☐ Other: \_\_\_\_\_

I am applying for a \$ 10,000<sup>00</sup> Reimbursement Grant

Project Category (check those that apply):

- ☒ Façade restoration
- ☐ ADA, life safety and other building code compliance related improvements
- ☐ Other permanent building improvements

Building Name (if applicable): \_\_\_\_\_

Building Address: 1908 State Street, Granite City, IL 62040

How is the title held to the property?

- ☒ Individual    ☐ Corporation    ☐ Land Trust  
☐ Partnership    ☐ Limited Liability Company    ☐ Other: \_\_\_\_\_

1. Name(s) of property owner(s): JOHN "CHRIS" JANEC  
(All beneficial owners of a Land Trust, members of a Limited Liability Company and partners in a partnership must be listed.)

Owner(s) phone number: 618-531-6720

If the applicant is not the same as the current owner, explain:

\_\_\_\_\_  
\_\_\_\_\_

2. Building Data:

Building square footage: 20,000

Number of floors in building: 2

Approximate year constructed : \_\_\_\_\_

Most Recent  
Real Estate Taxes Paid: \$1746.50

Year Paid - 2013

3. Current Use:

Vacant currently.  
\_\_\_\_\_  
\_\_\_\_\_

4. General Project Description and Proposed Use:

Will turn this building into the premiere training facility  
in the area and mid-west. Clients and teams from  
all surrounding cities will travel to downtown Granite City.



5. Identify existing or proposed tenants of the building. Indicate whether leases have been negotiated and provide the status of any such negotiations.

N/A - Vacant

6. Who will own the property?

John "Chris" Janetz

7. Provide an estimate of the total number of jobs to be created or retained by the proposed project:

a. Present Number of Employees Full Time N/A Part Time N/A  
b. Anticipated Number of Employees Full Time 1-5 Part Time 10-15

8. Total Estimated Project Costs: \$ 80,000<sup>00</sup> → \$150,000<sup>00</sup> over time. (attached a detailed cost estimate breakdown prepared by a licensed architect, engineer or contractor)

9. Sources and Uses of Funds

Project Component	TIF Grant	Bank Loan	Owner Equity	Other
Façade Improvements	\$ 10,000 <sup>00</sup>	\$ 5,000 <sup>00</sup>	\$ —	\$ —
ADA, Life Safety and other Building Code Related Improvements	\$ ?	\$ 5,000 <sup>00</sup>	\$ 5,000 <sup>00</sup>	\$ —
Other Permanent Building Improvements	\$15,000 <sup>00</sup>	\$59,000 <sup>00</sup>	\$15,000 <sup>00</sup>	—
Total	\$25,000 <sup>00</sup>	\$69,000 <sup>00</sup>	\$20,000 <sup>00</sup>	\$ —

★ This building will be 1/2 complete within 3 months of taking ownership. The other 1/2 will be complete as the next year or so comes. This is a huge project and will be completed + be a great landmark for downtown granite city. A lot of traffic will be traveling from around the area.

Any questions please call me direct.

3 of 4

531-6720  
Chris

10. Provide evidence that the Applicant possesses the financial ability to complete the proposed project (attach any loan commitment documents and/or evidence of available equity).

Jeffery Whitaker at 1st Mid American Credit  
Union. 618-258-4525. He can give  
all Loan info.

The undersigned has applied for a TIF Grant and the proceeds of such grant used in connection with the project described herein. The applicant agrees to abide by all City of Granite City codes and ordinances and comply with the guidelines and recommendations of the Historical & Architectural Review Commission. The applicant agrees to furnish information listed as application attachments and any additional information to the City as needed to review and consider this request.

By execution of this application, Applicant acknowledges and consents for the City to conduct any and all credit history checks it deems necessary and appropriate.

J. Whitaker      owner TIF      8/6/14  
Applicant's Signature      Title      Date

(Applicant – do not write below this line)

Date Application Received: _____ Staff Signature _____	
Recommendation of TIF Grant Review Committee:	
Grant Amount: \$ _____	
Remarks: _____	
_____	
_____	
_____	
Date: _____	

## **REDEVELOPMENT AGREEMENT**

This Agreement is entered into on the date and by execution shown hereafter, by and between the City of Granite City, Illinois, an Illinois Municipal Corporation, (hereinafter referred to as the "City") and Tank's Training Facility (hereinafter referred to as the "Owner").

### **PREAMBLES**

**WHEREAS**, the Owner owns the following described real estate (the "Property") located in the City of Granite City, Madison County, Illinois Tax Increment Financing ("TIF") Downtown Redevelopment Project Area (also referred to as the "Downtown TIF District"), to wit:

[SEE EXHIBIT A - LEGAL DESCRIPTION]

Madison County PIN Number: 22-2-19-24-12-202-013.

Property Address: 1908 State St. Granite City, Illinois 62040

and

**WHEREAS**, the City wishes to encourage the Owner to make improvements to the building façade, comply with current building codes, and make other building repairs and/or remodeling of the building located on the above described property and costing approximately \$4890.00, as said project and detailed costs have been preapproved by the City Council,(the "Project"); and

**WHEREAS**, The Owner has demonstrated to the satisfaction of the City that, by reason of the work required on the property, the Project cannot be accomplished except at substantial extraordinary expense to The Owner; and

**WHEREAS**, It is the desire of the Owner to repair and rehabilitate the subject property under the City's grant of authority pursuant to the Illinois Tax Increment Allocation Redevelopment Act, 65 ILCS 5/11-74.4, et seq. (the "Act"); and

WHEREAS, the City is authorized under the provisions of the Act to reimburse the Owner for certain redevelopment project costs in connection with redevelopment and other improvements within Downtown TIF District; and

WHEREAS, financing private building repair and rehabilitation is consistent with the objectives of the TIF Redevelopment Plan adopted for the Downtown Redevelopment Project Area, as amended by Ordinance No. 8005, adopted March 5, 2007.

NOW, THEREFORE, in consideration of the premises and agreements set forth below, the parties, for and in consideration of the representations relative to the proposed improvements of said real property owned by the Owner, hereby agree as follows:

**Section 1.** The Parties agree that all of the recitals contained in the Preambles to this Agreement are true and correct, and said recitals are hereby incorporated into the Agreement as though they were fully set forth in this Section 1.

**Section 2.** That the Owner shall promptly proceed with Project as fully described on Exhibit B attached, investing approximately \$4890.00 or more in said Project. All City Building Codes and laws of the State of Illinois shall be complied with by the Owner.

**Section 3.** Upon completion of the Project and providing evidence of TIF eligible costs incurred and paid, the City will pay to the Owner a TIF Grant in the amount of \$4890.00, subject to the following conditions:

- a. That this Agreement and the funds to be paid out accordingly, shall expire at the end of 12 months from the date of execution of this Agreement, or when the maximum amount stated above has been reimbursed to the Owner, or upon expiration of the Downtown TIF District, whichever occurs first.
- c. That the completed Project complies with the plans preapproved by the City and has been inspected by the City Building Department for compliance.

- d. That the Owner will be reimbursed with TIF Grant proceeds for only building renovation, repair or remodeling costs incurred pre-approved by the City Council. City will not be obligated hereunder to distribute or expend funds for the Project except for the sole purpose of reimbursement to the Owner for Owner's payments of eligible costs, and not otherwise including payment of the City's current prevailing wage ordinance. No reimbursement shall be made for the Owner's, or Owner's family or employee labor, nor for unlicensed contractors.
  
- e. That the Owner shall submit to the Economic Development Director a written statement in the form attached to this Agreement as Exhibit C ("Request for Reimbursement") setting forth the amount of reimbursement requested and the specific redevelopment project costs for which reimbursement is being sought. Each request for reimbursement shall be accompanied by such bills, invoices, lien waivers, proof of payment, or other evidence as the City shall reasonably require documenting the right of the Owner to be reimbursed under this Agreement. The Economic Development Director shall have twenty (20) days after receipt of any request for reimbursement from the Owner to forward said request to the City Council for approval or disapproval at their next regularly scheduled meeting. If the Council disapproves the request in its entirety or specific expenditure items, it shall provide to the Owner an explanation as to why such request was disapproved; provided, that the only reasons for disapproval of any expenditure for which reimbursement is sought shall be that such expenditure has not already been paid by the Owner, and/or is not considered to be eligible because such expenditure was not for building renovation, repair or remodeling costs that were approved by the City Council, or because they do not comply with the terms of this Agreement.

**Section 4. THE CITY'S OBLIGATIONS TO REIMBURSE THE OWNER UNDER THIS AGREEMENT IS A LIMITED OBLIGATION PAYABLE SOLELY FROM THE APPROPRIATED INCREMENTAL TAXES FOR THIS PROJECT GENERATED WITHIN THE DOWNTOWN REDEVELOPMENT PROJECT**

**AREA, AND SHALL NOT BE A GENERAL OBLIGATION OF THE CITY OR SECURED BY THE FULL FAITH AND CREDIT OF THE CITY.**

**Section 6:** The City's agreement to reimburse eligible costs of the Owner's Project under the terms of this Agreement is not, and shall not be, construed as a joint venture, principal-agent, or employer-employee relationship between the City and Owner, as Owner's decision to adopt the Project, and cause it to be completed, is solely an independent act of the Owner, and not otherwise. This agreement shall not be construed as a third party beneficiary agreement, nor intend a benefit for any party not a signatory to this Agreement.

**Section 7.** The Owner shall indemnify and hold harmless the City, its agents, officers and employees against all injuries, deaths, losses, damages, claims, suits, liabilities, judgments, costs and expenses (including any liabilities, judgments, costs and expenses and reasonable attorneys' fees) which may arise directly or indirectly from (i) the failure of the Owner or any contractor, subcontractor or agent or employee thereof to timely pay any contractor, subcontractor, laborer or materialman; (ii) from any default or breach of the terms of this Agreement by the Owner; or (iii) from any negligence or reckless or willful misconduct of the Owner or any contractor, subcontractor or agent or employee thereof (so long as such contractor, subcontractor or agent or employee is hired by the Owner). The Owner shall, at his own cost and expense, appear, defend and pay all charges of attorneys, costs and other expenses arising there from or incurred in connection therewith. If any judgment shall be rendered against the City, its agents, officers, officials or employees in any such action, the Owner shall, at his own expense, satisfy and discharge the same. This paragraph shall not apply, and the Owner shall have no obligation whatsoever, with respect to any acts of negligence or reckless or willful misconduct on the part of the City or any of its officers, agents, employees or contractors.

In no way limiting the foregoing, the Owner shall also indemnify and hold harmless the City, its agents, officers and employees against all damages, claims, suits, liabilities, judgments, fines, penalties, costs and expenses (including reasonable attorneys' fees) which may arise directly or indirectly from any violation of the Illinois Prevailing wage Act, 820 ILCS 130/0.01, et seq., in connection with the Project.

**Section 8.** This Agreement may not be assigned by the Owner.

**Section 9.** All notices, demands, requests, consents, approvals or other instruments required or permitted by this Agreement shall be in writing and shall be executed by the party or an officer, agent or attorney of the party, and shall be deemed to have been effective as of the date of actual delivery, if delivered personally, or as of the third (3rd) day from and including the date of posting, if mailed by registered or certified mail, return receipt requested, with postage prepaid, addressed as follows:

To the Owner:

Tank's Training Facility  
1908 State St.  
Granite City, IL. 62040

To the City:

Attention: Economic Development Director  
City of Granite City  
2000 Edison Avenue  
Granite City, IL 62040

*-continued on following page -*

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be  
executed individually or by their duly authorized officers on this \_\_\_\_ day of \_\_\_\_\_,  
201\_\_.

CITY OF GRANITE CITY, ILLINOIS:

\_\_\_\_\_  
Ed Hagnauer, Mayor

ATTEST:

\_\_\_\_\_  
Judy Whitaker, City Clerk

OWNER (Property Owner):

\_\_\_\_\_  
BY: \_\_\_\_\_



**Exhibit A**  
**Legal Description of Property**

**Attached**

**Exhibit B**  
**Project Detail**

Describe in Detail the Project to be constructed to the above real estate , or attach a full detail to this Agreement.

**TIF Grant Award Summary**

<u>Improvement:</u> <u>Awarded:</u>	<u>Requested Amount:</u>	<u>Amount</u>
Façade Improvements	\$4890.00	\$4890.00
<b>Total</b>	\$4890.00	\$4890.00

**Project Description:**

**Attached**

APPROVED US OF GRANT FUNDS AWARDED IS LIMITED TO IMPROVEMENTS TO DOORS  
AND WINDOWS, PER THE HARC BOARD'S VOTE OF APRIL 28, 2015.

EXHIBIT C

Form of Request for Reimbursement

REQUEST FOR REIMBURSEMENT

(DATE)

City of Granite City  
2000 Edison Avenue  
Granite City, IL 62040

Attention: Economic Development Director

RE: Redevelopment Agreement, dated \_\_\_\_\_, 20\_\_\_\_,  
by and between the City of Granite City, Illinois, and  
\_\_\_\_\_ (the "Owner")

Dear \_\_\_\_\_:

You are requested to disburse funds from the Special Tax Allocation Fund pursuant to Section 3 of the Redevelopment Agreement described above in the amount(s), to the person(s) and for the purpose(s) set forth in this Request for Reimbursement. The terms used in this Request for Reimbursement shall have the meanings given to those terms in the Redevelopment Agreement.

1. PAYMENT DUE TO: \_\_\_\_\_
2. AMOUNT TO BE DISBURSED: \_\_\_\_\_
3. The amount requested to be disbursed pursuant to this Request for Reimbursement is to reimburse the Owner for those approved building renovation, repair and/or rehabilitation costs described in the Redevelopment Agreement between the party signed below and the City.
4. The undersigned certifies that:
  - (i) The amounts included in line 2 above were made, incurred and paid for and were necessary for the completion of the Project and were made or incurred in accordance with the Redevelopment Agreement.
  - (ii) The expenditures for which amounts are requisitioned represent proper redevelopment project costs as described in Section 3(d) of the Redevelopment

Agreement, have not been included in any previous Request for Reimbursement, have been properly recorded on the Owner's books and are set forth in Schedule 1, with paid invoices or other documented evidence attached for all sums for which reimbursement is requested;

- (iii) The amount of Redevelopment Project Costs to be reimbursed in accordance with this Request for Reimbursement, together with all amounts reimbursed to the Owner pursuant to Section 3 of the Redevelopment Agreement is not in excess of \$4,246.82.
  - (iv) The Owner is not in default under the Redevelopment Agreement and nothing has occurred to the knowledge of the Owner that would prevent the performance of its obligations under the Redevelopment Agreement.
  - (v) All costs of labor included in this Request have met the requirements of the prevailing wage ordinance of the City of Granite City presently in effect
6. Attached to this Request for Reimbursement is Schedule 1 itemizing the eligible costs to be reimbursed, together with copies of paid invoices or other evidence of cost incurred for which reimbursement is being requested.
7. The undersigned certifies that the terms of the Redevelopment Agreement have been fully complied with.

Submitted by: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (typed)

\_\_\_\_\_  
Title

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS \_\_\_\_ DAY OF \_\_\_\_\_, 2014.

\_\_\_\_\_  
Notary Public

APPROVED BY CITY COUNCIL: Date:

\_\_\_\_\_



**Madison County Government  
Chief County Assessment Official**

**Joseph R Dauderman - C.I.A.O.**  
Madison County Administration Building  
157 N. Main St. Suite 229 - Edwardsville, IL 62025-1964  
Phone (618) 692-6270 - Fax (618) 692-8298

**Phil Byers, C.I.A.O.**  
Chief Deputy  
**Fred N. Michael, C.I.A.O.**  
Director of Maps & Plats

**Information for Parcel 22-2-19-24-12-202-003., Tax Year 2015**

Generated 05/12/15 at 14:57:22

**Property Information**

**Tax Year**  
2015  
**Township**  
22-GRANITE CITY  
**Property Class**  
0060-IMPROVED COMMERCIAL  
**Tax Status**  
Taxable  
**Net Taxable Value**

**Tax Code**  
884 - #9 G CTY & PARK; GR CITY TIF 1  
**Neighborhood**  
22 - CV09  
**Land Use**  
0330-Improved - Commercial

**Lot Size**

**Tax Rate**

**Site Address**  
1908 STATE ST  
GRANITE CITY, IL 62040

**Total Tax**  
\$0.00

**Owner Name and Address**  
TANK TRAINING FACILITY LLC  
1911 GRAND AVE  
GRANITE CITY, IL 62040-

**Mailing Name and Address**

**Legal Description**  
ORIGINAL PLAT OF GRANITE CITY LOT 21 & 22 100X125

**Market Land Valuation**

Property Class	Description	Type	Width	Depth	Sq. Ft.	Calc. Acres	Deed Acres
Commercial	REGULAR LOT	REGULAR - Regular	100	125	0	0.00	

RETAIL-MULTI OCCUPANCY Structures (1 of 1)

Property Class	Description	Style	Quality	Living Area (sq. ft.)	Year Built	Age
Commercial	RETAIL-MULTI OCCUPANCY		Fair	19,808	1940	74

**1 - MULTI-USE STORAGE 01 - 01**

**Attribute**

**Attribute**

Finished Basement	1320.00 Mixed Retail w/ Office Units	100.00
Base Cost	9808.00 Brick, Solid	9808.00
Forced Air Unit	9808.00 No HVAC	0.00
Physical / Functional	100.00	

**2 - MULTI-USE STORAGE 02 - 02**

**Attribute**

**Attribute**

Mixed Retail w/ Office Units	100.00 Base Cost	10000.00
Brick, Solid	10000.00 No HVAC	0.00

5/12/2015

Madison County | Information for Parcel 22-2-19-24-12-202-003., Tax Year 2015

Physical / Functional

100.00

## Assessments

Level	Homesite	Dwelling	Farm Land	Farm Building	Mineral	Total
Township Assessor	3,110	15,320	0	0	0	18,430
Prior Year Equalized	3,110	15,320	0	0	0	18,430

No Exemption Information

No Farm Land Information

## Parcel Genealogy

## Parent Parcels

Child Of	Action	Tax Year	Change Effective Year	Completed?
----------	--------	----------	-----------------------	------------

## Child Parcels

Parent Of	Action	Tax Year	Change Effective Year	Completed?
-----------	--------	----------	-----------------------	------------

## Legal Descriptions

## Legal Description

ORIGINAL PLAT OF GRANITE CITY LOT 21 &amp; 22 100X125

Section/Township/Range Document

## Related Names

Name	Relationship	Status	Document
TANK TRAINING FACILITY LLC	Parcel Owner	Current	2014R28413

## Sales History

Year	Document #	Sale Type	Sale Date Notes	Price
2014	2014R28413	Warranty Deed	09/09/2014	\$62,500
2013	2013R17440	Trustees deed	04/19/2013	\$45,000
2000	2000279806		06/30/2000 Book: 04385 Page: 2378	\$0
1974	1974279805		06/14/1974 Book: 02977 Page: 1474	\$0
1966	1966279804		08/24/1966 Book: 02442 Page: 555	\$0

## Site Addresses

House Number	House Number Suffix	Street Name	
1908		STATE ST	
City	State	Zip Code	Location
GRANITE CITY	IL	62040	

## Taxing Bodies

District	Tax Rate	Extension
Total	0.0000	\$0.00

## Images

No images found.

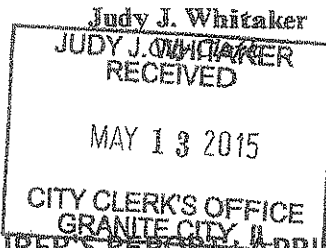


# City of Granite City

Granite City, Illinois 62040

Ed Hagnauer  
Mayor

Gail Valle  
Treasurer



## TREASURER'S REPORT - APRIL 30, 2015

	BEG BALANCE	REVENUE	DISBURSEMENTS	END BALANCE
<b>GENERAL FUND</b>				
10 -1-1110 CASH REGULAR	\$ 3,063,822.77	\$ 2,183,082.08	\$ 2,460,463.23	\$ 2,786,441.62
<b>GRANITE CITY CINEMA</b>				
15 -1-1110 CASH	\$ 11,304.96	\$ 50,569.72	\$ 50,792.67	\$ 11,082.01
<b>DRUG TRAFFIC PRE</b>				
25 -1-1110 CASH REGULAR	\$ 464,281.87	\$ 2,549.34	\$ 18,674.44	\$ 448,156.77
<b>MOTOR FUEL TAX F</b>				
30 -1-1110 CASH REGULAR	\$ (641,191.77)	\$ 145,697.78	\$ (47,208.29)	\$ (542,702.28)
<b>HEALTH FUND</b>				
40 -1-1110 CASH REGULAR	\$ 1,004,080.40	\$ 101,733.96	\$ -	\$ 1,105,814.36
<b>BELLMORE VILLAGE-TIF</b>				
64 -1-1110 CASH REGULAR	\$ -	\$ 4,100.28	\$ -	\$ 4,100.28
<b>DOWNTOWN - TIF</b>				
65 -1-1110 CASH REGULAR	\$ 1,379.51	\$ 42,357.82	\$ (42,586.27)	\$ 1,151.06
65 -1-1112 Bond Fund	\$ -	\$ -	\$ -	\$ -
65 -1-1113 UMB RESERVE	\$ -	\$ -	\$ -	\$ -
65 -1-1113 UMB SPEC TAX ALL	\$ 7.35	\$ 7,810.08	\$ -	\$ 7,817.43
65 -1-1114 UMB P&I	\$ -	\$ -	\$ -	\$ -
65 -1-1150 2012 BOND PROCEE	\$ 7,892,808.88	\$ -	\$ -	\$ 7,892,808.88
65 -1-1151 2012 BOND RESERV	\$ 982,000.00	\$ -	\$ -	\$ 982,000.00
65 -1-1155 2012 BOND EXPENS	\$ 5,813.11	\$ 0.02	\$ -	\$ 5,813.13
65 -1-1155 2012 BOND P&I	\$ 56,662.73	\$ 18,885.15	\$ -	\$ 75,547.88
<b>FUND 65 TOTAL</b>	<b>\$ 8,938,671.58</b>	<b>\$ 69,053.07</b>	<b>\$ (42,586.27)</b>	<b>\$ 8,965,138.38</b>

**RTE 3 TIF'S**

66 -1-1110 CASH REGU	\$6,691.71	\$2,059.43	(\$158,080.26)	(\$149,329.12)
66 -1-1111 UMB BANK	\$5.25	\$109,455.85	\$-	\$109,461.10
66 -1-1111 UMB BANK	\$11,226.69	\$995.71	\$-	\$12,222.40
66 -1-1111 UMB BANK	\$372,625.30	\$-	\$-	\$372,625.30
66 -1-1111 UMB BANK	\$111,220.64	\$1.11	\$-	\$111,221.75
66 -1-1111 UMB-SPECI	\$4.20	\$-	\$-	\$4.20
66 -1-1112 UMB BANK	\$364,000.00	\$-	\$-	\$364,000.00
66 -1-1112 UMB BANK	\$61,586.45	\$-	(\$499.38)	\$61,087.07
66 -1-1112 UMB BOND	\$970.24	\$-	(\$665.88)	\$304.36

FUND 66 T	\$928,330.48	\$112,512.10	(\$159,245.52)	\$881,597.06
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**NAMEOKI COMMONS - TIF**

67 -1-1110 CASH REGU	\$246.66	\$14,561.68	(\$14,325.06)	\$483.28
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**PORT DISTRICT - TIF**

68 -1-1110 CASH REGU	\$11,282.30	\$1.94	(\$990.83)	\$10,293.41
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**RTE 203 TIF**

69 -1-1110 CASH REGU	\$76,684.13	\$1,758.30	\$-	\$78,442.43
69 -1-1110 CASH UMB	\$400,289.32	\$-	(\$1,496.59)	\$398,792.73
69 -1-1110 CASH UMB	\$1,031.23	\$384.47	\$-	\$1,415.70
69 -1-1110 CASH UMB	\$421,000.00	\$-	\$-	\$421,000.00

FUND 69 T	\$899,004.68	\$2,142.77	(\$1,496.59)	\$899,650.86
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**SEWAGE TREATMENT**

70 -1-1110 CASH REGU	\$2,253,456.63	\$478,238.51	(\$432,581.98)	\$2,299,113.16
70 -1-1112 CONSTRUC	\$-	\$-	\$-	\$-
70 -1-1113 BOND RESI	\$256,220.50	\$-	\$-	\$256,220.50

FUND 70 T	\$2,509,677.13	\$478,238.51	(\$432,581.98)	\$2,555,333.66
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**SEWER SYSTEM FUND**

71 -1-1110 CASH REGU	\$1,948,262.88	\$303,042.67	(\$340,643.21)	\$1,910,662.34
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**CAPITAL IMPROVEM**

90 -1-1110 CASH REGU	(\$102,445.63)	\$-	\$-	(\$102,445.63)
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The information provided is true and correct, to the best of my knowledge and belief.

Respectfully Submitted



GAIL VALLE, CITY TREASURER  
City of Granite City



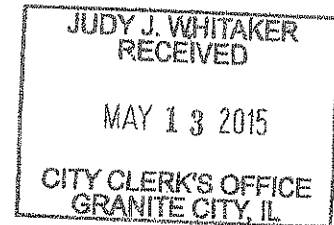
# CITY OF GRANITE CITY-SEWER COLLECTIONS REPORT

MAY 1, 2014- APRIL 30, 2015

**BILLING & COLLECTION REPORT:**

<b>TOTAL BILLING</b>	
RESIDENTIAL	\$ 1,966,792.22
COMMERCIAL	\$ 480,671.01
PT-INDUSTRIAL	\$ 1,851,589.76
	<u>\$ 4,299,052.99</u>

<b>TOTAL COLLECTIONS:</b>	
RESIDENTIAL	\$ 2,065,292.58
COMMERCIAL	\$ 529,305.75
PT-INDUSTRIAL	\$ 2,144,735.16
	<u>\$ 4,739,333.49</u>



**SEWER AMNESTY ORDINANCE 8330**

TOTAL AMOUNT COLLECTED: \$5,410.59

TOTAL AMOUNT AMNESTY ADJUSTMENT: \$4,210.66

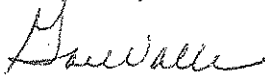
ACCOUNT #	AMOUNT OWED	DELINQUENT REDUCTION	LESS PAYMENTS 12 MO'S	SETTLEMENT AMT
02-060625-00	\$ 2,189.18	\$ 763.53	\$ -	\$ 1,425.65
02-023330-00	\$ 1,672.11	\$ 582.98	\$ 700.00	\$ 389.13
02-141565-00	\$ 4,429.07	\$ 2,662.68	\$ 1,617.20	\$ 149.19
33-800325-00	\$ 1,330.89	\$ 201.47	\$ 330.00	\$ 799.42
	<u>\$ 9,621.25</u>	<u>\$ 4,210.66</u>	<u>\$ 2,647.20</u>	<u>\$ 2,763.39</u>

**SEWER ADJUSTMENTS - FISCAL YEAR 14/15**

Reason	Amount
Amnesty Ordinance	\$ (4,210.66)
Settlement Adjustment	\$ (80.67)
Judgment Adjustment	\$ (3,447.62)
Judgment Account Set-Up	\$ 3,375.22
Adjustment	\$ (23,219.27)
Bankruptcy	\$ (15,319.58)
Late Fee Waived	\$ (406.69)
City Property	\$ -
Returned Checks	\$ 2,219.99
Water Company	\$ -
Billing Adjustment	\$ 72,911.84
Lock Box Adjustment	\$ 31.62
Lien Filing/Release	\$ 18,886.00
	<u>\$ 50,739.98</u>

The information provided is true and correct, to the best of my knowledge and belief.

Respectfully Submitted

  
Gail Valle, City Treasurer  
City of Granite City



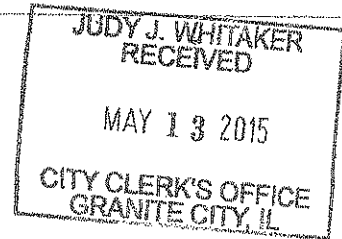
# City of Granite City

Granite City, Illinois 62040

Ed Hagnauer  
Mayor

Judy J. Whitaker  
City Clerk

Gail Valle  
Treasurer



**CITY OF GRANITE CITY - CITY COUNCIL REPORT  
VIDEO GAMING TAX - ORDINANCE#8296 (02/2013)  
BY: GAIL VALLE, CITY TREASURER  
ANNUAL REPORT - MAY 1, 2014-APRIL 30, 2015**

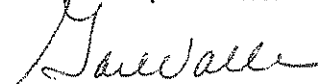
		VIDEO GAMING TAX	VIDEO GAMING LICENSE FEE'S	LICENSES ISSUED
REVENUE'S				
	FY15	\$124,455.44	\$42,375.00	73
PREVIOUS YEARS:				
REVENUE'S	FY 14	\$ 78,020.28	\$ 44,500.00	55
	FY 13	\$ 5,217.38	\$ 14,700.00	25

Transfer PER ORD.8296 to Police & Firefighter's Pension Funds  
Authorizes Treasurer Transfer Revenue To Police & Fire Pension Funds

	FY15	FY14	FY13
GRANITE CITY POLICE PENSION FUND	\$79,268.78	\$ 57,991.90	\$ 4,449.06
GRANITE CITY FIREFIGHTER'S PENSION FUND	\$79,268.78	\$ 57,991.90	\$ 4,449.06

The information provided is true and correct, to the best of my knowledge and belief.

Respectfully Submitted:

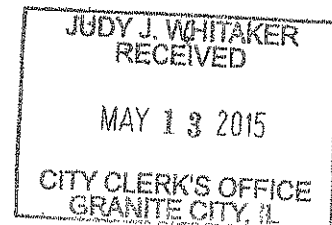
  
Gail Valle, City Treasurer



# City of Granite City

## CITY OF GRANITE CITY - CITY STICKER ANNUAL REPORT

COLLECTIONS: April 1, 2014-March 31, 2015



### NUMBER OF STICKERS

CARS, VANS & RECREATIONAL	6055
SENIORS, VETERANS & HANDICAPPED	2698
TRUCKS	2111
MOTORCYCLE	332

<u>TOTAL STICKERS SOLD</u>	<u>11196</u>
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### REVENUE

CARS, VANS & RECREATIONAL	\$ 31,582.00
SENIORS, VETERANS & HANDICAPPED	\$ 2,792.00
TRUCK	\$ 23,201.00
MOTORCYCLE	\$ 1,035.00

<u>TOTAL REVENUE</u>	<u>\$ 58,610.00</u>
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5 YEARS	2009/2010	2010/2011	2011/2012	2012/2013	2013/14
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### NUMBER OF STICKERS

CARS, VANS & RECREATIONAL	7535	8066	7587	6935	6536
SENIORS, VETERANS & HANDICAPPED	2971	2927	2866	2888	2804
TRUCKS	2604	2791	2664	2433	2259
MOTORCYCLE	362	389	380	387	371

<u>TOTAL STICKERS SOLD</u>	<u>13472</u>	<u>14173</u>	<u>13497</u>	<u>12643</u>	<u>11970</u>
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### REVENUE

CARS, VANS & RECREATIONAL	\$ 40,587.00	\$ 42,596.00	\$ 40,037.00	\$ 35,796.00	\$ 34,844.00
SENIORS, VETERANS & HANDICAPPED	\$ 3,125.00	\$ 3,036.00	\$ 2,979.00	\$ 2,988.00	\$ 2,928.00
TRUCK	\$ 29,559.00	\$ 30,449.00	\$ 29,030.00	\$ 26,244.00	\$ 24,970.00
MOTORCYCLE	\$ 1,137.00	\$ 1,230.00	\$ 1,204.00	\$ 1,189.00	\$ 1,197.00

<u>TOTAL REVENUE</u>	<u>\$ 74,408.00</u>	<u>\$ 77,311.00</u>	<u>\$ 73,250.00</u>	<u>\$ 66,217.00</u>	<u>\$ 63,939.00</u>
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The information provided is true and correct, to the best of my knowledge and belief.

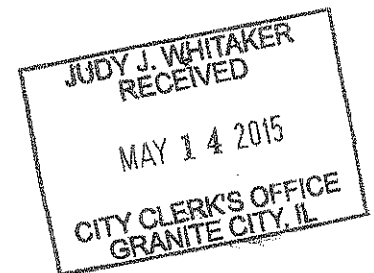
Respectfully Submitted

Gail Valle, City Treasurer  
City of Granite City

DEPARTMENT TOTALS

DEPARTMENT: 10 -01 MAYOR

		1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS		0 CHECK(S)		9 CHECK(S)		0 CHECK(S)		0 CHECK(S)		9 CHECK(S)	
NET		0.00		11986.48		0.00		0.00		11986.48	
*EARNINGS*		HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS			0.00		17003.39		0.00		0.00		17003.39
SALARY		0.00	0.00	421.64	16436.72	0.00	0.00	0.00	0.00	421.64	16436.72
TIF ADMIN		0.00	0.00	0.00	416.67	0.00	0.00	0.00	0.00	0.00	416.67
DECLINE		0.00	0.00	0.00	150.00	0.00	0.00	0.00	0.00	0.00	150.00
*DEDUCTIONS*		EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-		0.00	0.00	0.00	200.00	0.00	0.00	0.00	0.00	0.00	200.00
HLTH SNG PR-		0.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00	25.00
HLTH SNG AF-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FML AF-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-		0.00	0.00	3.84	3.81	0.00	0.00	0.00	0.00	3.84	3.81
IPPPA 457 P-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AFSCME 31		0.00	0.00	0.00	40.70	0.00	0.00	0.00	0.00	0.00	40.70
UNITED WAY		0.00	0.00	0.00	61.58	0.00	0.00	0.00	0.00	0.00	61.58
DENTAL PRE		0.00	0.00	0.00	39.61	0.00	0.00	0.00	0.00	0.00	39.61
DENTAL AFTE		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BAS 125 PLA		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-		0.00	0.00	0.00	8.24	0.00	0.00	0.00	0.00	0.00	8.24
AMERITAS AF-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE		0.00	0.00	0.00	41.64	0.00	0.00	0.00	0.00	0.00	41.64
DENTAL AFT		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DIVERS 457%		0.00	0.00	0.00	101.50	0.00	0.00	0.00	0.00	0.00	101.50
I.M.R.F		0.00	0.00	1564.96	615.60	0.00	0.00	0.00	0.00	1564.96	615.60
*TAXES*		TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-		0.00	0.00	15971.80	2005.16	0.00	0.00	0.00	0.00	15971.80	2005.16
STATE W/H		0.00	0.00	15971.80	597.38	0.00	0.00	0.00	0.00	15971.80	597.38
FICA		0.00	0.00	16688.90	1034.70	0.00	0.00	0.00	0.00	16688.90	1034.70
MEDICARE		0.00	0.00	16688.90	241.99	0.00	0.00	0.00	0.00	16688.90	241.99
EIC CREDIT			0.00		0.00		0.00		0.00		0.00



DEPARTMENT TOTALS  
 DEPARTMENT: 10 -02 CITY CLERK

		1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -		0 CHECK(S)		4 CHECK(S)		0 CHECK(S)		0 CHECK(S)		4 CHECK(S)	
NET -		0.00		5400.04		0.00		0.00		5400.04	
*EARNINGS*		HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -			0.00		8215.08		0.00		0.00		8215.08
SALARY -		0.00	0.00	362.64	8065.08	0.00	0.00	0.00	0.00	362.64	8065.08
DECLINE -		0.00	0.00	0.00	150.00	0.00	0.00	0.00	0.00	0.00	150.00
*DEDUCTIONS*		EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-		0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	100.00
HLTH FML AF-		0.00	0.00	0.00	50.00	0.00	0.00	0.00	0.00	0.00	50.00
LOAN PAYMEN-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-		0.00	0.00	5.12	5.08	0.00	0.00	0.00	0.00	5.12	5.08
IPPPA 457 P-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AFSCME 31 -		0.00	0.00	0.00	81.40	0.00	0.00	0.00	0.00	0.00	81.40
DENTAL PRE -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFTE-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BAS 125 PLA-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-		0.00	0.00	0.00	56.56	0.00	0.00	0.00	0.00	0.00	56.56
AMERITAS AF-		0.00	0.00	0.00	16.48	0.00	0.00	0.00	0.00	0.00	16.48
DENTAL PRE -		0.00	0.00	0.00	105.63	0.00	0.00	0.00	0.00	0.00	105.63
DENTAL AFT -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHAPTER 13 -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -		0.00	0.00	939.81	369.69	0.00	0.00	0.00	0.00	939.81	369.69
HSA FUND -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MELLON ADD -		0.00	0.00	0.00	108.75	0.00	0.00	0.00	0.00	0.00	108.75
OPTUM ADD -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
*TAXES*		TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-		0.00	0.00	7474.45	1026.01	0.00	0.00	0.00	0.00	7474.45	1026.01
STATE W/H -		0.00	0.00	7474.45	295.37	0.00	0.00	0.00	0.00	7474.45	295.37
FICA -		0.00	0.00	7844.14	486.33	0.00	0.00	0.00	0.00	7844.14	486.33
MEDICARE -		0.00	0.00	7844.14	113.74	0.00	0.00	0.00	0.00	7844.14	113.74
EIC CREDIT -			0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS  
 DEPARTMENT: 10 -03 LEGISLATIVE - ALDERM

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	0 CHECK(S)		12 CHECK(S)		0 CHECK(S)		0 CHECK(S)		12 CHECK(S)	
NET -	0.00		2617.06		0.00		0.00		2617.06	
*EARNINGS*	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		3259.96		0.00		0.00		3259.96
SALARY -	0.00	0.00	54.00	3159.96	0.00	0.00	0.00	0.00	54.00	3159.96
EXP ALLOW -	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	100.00
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
ST FARM INS	0.00	0.00	1.28	1.27	0.00	0.00	0.00	0.00	1.28	1.27
I.M.R.F -	0.00	0.00	186.44	73.35	0.00	0.00	0.00	0.00	186.44	73.35
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	3186.61	194.40	0.00	0.00	0.00	0.00	3186.61	194.40
STATE W/H -	0.00	0.00	3186.61	124.44	0.00	0.00	0.00	0.00	3186.61	124.44
FICA -	0.00	0.00	3259.96	202.16	0.00	0.00	0.00	0.00	3259.96	202.16
MEDICARE -	0.00	0.00	3259.96	47.28	0.00	0.00	0.00	0.00	3259.96	47.28
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS

DEPARTMENT: 10 -04 TREASURER

1ST - QUARTER TOTALS			2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS ~ 0 CHECK(S)			4 CHECK(S)		0 CHECK(S)		0 CHECK(S)		4 CHECK(S)	
NET ~ 0.00			4887.56		0.00		0.00		4887.56	
*EARNINGS*	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS ~		0.00		7663.90		0.00		0.00		7663.90
SALARY ~	0.00	0.00	346.65	7513.90	0.00	0.00	0.00	0.00	346.65	7513.90
DECLINE ~	0.00	0.00	0.00	150.00	0.00	0.00	0.00	0.00	0.00	150.00
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH SNG AF-	0.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00	25.00
HLTH FML AF-	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	100.00
LOAN PAYMEN-	0.00	0.00	0.00	21.51	0.00	0.00	0.00	0.00	0.00	21.51
LOAN PAYMEN-	0.00	0.00	0.00	80.78	0.00	0.00	0.00	0.00	0.00	80.78
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	0.00	0.00	2.56	2.54	0.00	0.00	0.00	0.00	2.56	2.54
IPFFA 457 P-	0.00	0.00	0.00	220.20	0.00	0.00	0.00	0.00	0.00	220.20
AFSCME 31 ~	0.00	0.00	0.00	81.40	0.00	0.00	0.00	0.00	0.00	81.40
UNITED WAY ~	0.00	0.00	0.00	21.00	0.00	0.00	0.00	0.00	0.00	21.00
DENTAL PRE ~	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFTE-	0.00	0.00	0.00	99.04	0.00	0.00	0.00	0.00	0.00	99.04
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFT -	0.00	0.00	0.00	41.64	0.00	0.00	0.00	0.00	0.00	41.64
I.M.R.F ~	0.00	0.00	876.75	344.87	0.00	0.00	0.00	0.00	876.75	344.87
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REIMBURSE ~	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	7098.83	892.59	0.00	0.00	0.00	0.00	7098.83	892.59
STATE W/H -	0.00	0.00	7098.83	259.48	0.00	0.00	0.00	0.00	7098.83	259.48
FICA ~	0.00	0.00	7663.90	475.16	0.00	0.00	0.00	0.00	7663.90	475.16
MEDICARE ~	0.00	0.00	7663.90	111.13	0.00	0.00	0.00	0.00	7663.90	111.13
EIC CREDIT ~		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS  
 DEPARTMENT: 10 -05 FINANCIAL ADMINISTRA

1ST - QUARTER TOTALS			2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	0 CHECK(S)		3 CHECK(S)		0 CHECK(S)		0 CHECK(S)		3 CHECK(S)	
NET -	0.00		3415.72		0.00		0.00		3415.72	
*EARNINGS*										
GROSS -	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		4926.68		0.00		0.00		4926.68
SALARY -	0.00	0.00	216.62	4701.68	0.00	0.00	0.00	0.00	216.62	4701.68
WC ED -	0.00	0.00	0.00	225.00	0.00	0.00	0.00	0.00	0.00	225.00
*DEDUCTIONS*										
EMPLOYER	DEDUCT		EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	100.00
HLTH SNG PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	0.00	0.00	1.28	1.27	0.00	0.00	0.00	0.00	1.28	1.27
AFSCME 31 -	0.00	0.00	0.00	40.70	0.00	0.00	0.00	0.00	0.00	40.70
UNITED WAY -	0.00	0.00	0.00	10.00	0.00	0.00	0.00	0.00	0.00	10.00
DENTAL PRE -	0.00	0.00	0.00	62.03	0.00	0.00	0.00	0.00	0.00	62.03
AMERITAS PR-	0.00	0.00	0.00	8.24	0.00	0.00	0.00	0.00	0.00	8.24
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -	0.00	0.00	563.62	221.70	0.00	0.00	0.00	0.00	563.62	221.70
MELLON ADD -	0.00	0.00	0.00	16.66	0.00	0.00	0.00	0.00	0.00	16.66
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
*TAXES*										
TAXABLE	TAX		TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	4518.05	518.33	0.00	0.00	0.00	0.00	4518.05	518.33
STATE W/H -	0.00	0.00	4518.05	169.43	0.00	0.00	0.00	0.00	4518.05	169.43
FICA -	0.00	0.00	4739.75	293.87	0.00	0.00	0.00	0.00	4739.75	293.87
MEDICARE -	0.00	0.00	4739.75	68.73	0.00	0.00	0.00	0.00	4739.75	68.73
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00



DEPARTMENT TOTALS  
 DEPARTMENT: 10 -06 IT DEPARTMENT

1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	0 CHECK(S)		2 CHECK(S)		0 CHECK(S)		0 CHECK(S)		2 CHECK(S)
NET	0.00		3287.63		0.00		0.00		3287.63

*EARNINGS*	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS		0.00		4923.34		0.00		0.00		4923.34
SALARY	0.00	0.00	173.32	4923.34	0.00	0.00	0.00	0.00	173.32	4923.34

*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	50.00	0.00	0.00	0.00	0.00	0.00	50.00
HLTH SNG AF-	0.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00	25.00
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UNITED WAY -	0.00	0.00	0.00	31.35	0.00	0.00	0.00	0.00	0.00	31.35
DENTAL PRE -	0.00	0.00	0.00	127.97	0.00	0.00	0.00	0.00	0.00	127.97
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	0.00	0.00	23.60	0.00	0.00	0.00	0.00	0.00	23.60
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -	0.00	0.00	563.23	221.55	0.00	0.00	0.00	0.00	563.23	221.55

*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	4500.22	626.26	0.00	0.00	0.00	0.00	4500.22	626.26
STATE W/H -	0.00	0.00	4500.22	168.76	0.00	0.00	0.00	0.00	4500.22	168.76
FICA -	0.00	0.00	4721.77	292.75	0.00	0.00	0.00	0.00	4721.77	292.75
MEDICARE -	0.00	0.00	4721.77	68.47	0.00	0.00	0.00	0.00	4721.77	68.47
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

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PAYROLL HISTORY REPORT  
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MELLON ADD -	0.00	0.00	0.00	77.50	0.00	0.00	0.00	0.00	0.00	77.50
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	204987.67	30685.51	0.00	0.00	0.00	0.00	204987.67	30685.51
STATE W/H -	0.00	0.00	204987.67	7605.61	0.00	0.00	0.00	0.00	204987.67	7605.61
FICA -	0.00	0.00	30321.88	1879.96	0.00	0.00	0.00	0.00	30321.88	1879.96
MEDICARE -	0.00	0.00	223648.27	3242.90	0.00	0.00	0.00	0.00	223648.27	3242.90
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

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UMB ADDITIO-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UMB ADD PRE-	0.00	0.00	0.00	10198.17	0.00	0.00	0.00	0.00	0.00	10198.17
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	162508.20	24286.10	0.00	0.00	0.00	0.00	162508.20	24286.10
STATE W/H -	0.00	0.00	162508.20	5995.46	0.00	0.00	0.00	0.00	162508.20	5995.46
FICA -	0.00	0.00	1966.47	121.92	0.00	0.00	0.00	0.00	1966.47	121.92
MEDICARE -	0.00	0.00	185328.87	2687.24	0.00	0.00	0.00	0.00	185328.87	2687.24
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

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PAYROLL HISTORY REPORT  
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DEPARTMENT TOTALS  
 CIVIL DEFENSE

1ST - QUARTER TOTALS			2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
0 CHECK(S)			0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)	
NBR CHECKS -										
NET -		0.00		0.00		0.00		0.00		0.00
*EARNINGS*	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		0.00		0.00
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS  
 DEPARTMENT: 10 -11 SAFETY

		1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -		0 CHECK(S)		2 CHECK(S)		0 CHECK(S)		0 CHECK(S)		2 CHECK(S)	
NET -		0.00		2634.28		0.00		0.00		2634.28	
*EARNINGS*		HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -			0.00		3938.32		0.00		0.00		3938.32
SALARY -		0.00	0.00	173.32	3938.32	0.00	0.00	0.00	0.00	173.32	3938.32
*DEDUCTIONS*		EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-		0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	100.00
HLTH SNG PR-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-		0.00	0.00	0.00	27.94	0.00	0.00	0.00	0.00	0.00	27.94
LOAN PAYMEN-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-		0.00	0.00	2.56	2.54	0.00	0.00	0.00	0.00	2.56	2.54
IPPPA 457 P-		0.00	0.00	0.00	10.00	0.00	0.00	0.00	0.00	0.00	10.00
AFSCME 31 -		0.00	0.00	0.00	40.70	0.00	0.00	0.00	0.00	0.00	40.70
UNITED WAY -		0.00	0.00	0.00	8.00	0.00	0.00	0.00	0.00	0.00	8.00
DENTAL PRE -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFTE-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-		0.00	0.00	0.00	16.48	0.00	0.00	0.00	0.00	0.00	16.48
DENTAL PRE -		0.00	0.00	0.00	28.40	0.00	0.00	0.00	0.00	0.00	28.40
I.M.R.F -		0.00	0.00	450.54	177.22	0.00	0.00	0.00	0.00	450.54	177.22
HSA FUND -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MELLON ADD -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM ADD -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
*TAXES*		TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-		0.00	0.00	3606.22	467.33	0.00	0.00	0.00	0.00	3606.22	467.33
STATE W/H -		0.00	0.00	3606.22	135.23	0.00	0.00	0.00	0.00	3606.22	135.23
FICA -		0.00	0.00	3793.44	235.19	0.00	0.00	0.00	0.00	3793.44	235.19
MEDICARE -		0.00	0.00	3793.44	55.01	0.00	0.00	0.00	0.00	3793.44	55.01
EIC CREDIT -			0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS  
 DEPARTMENT: 10 -12 BUILDING & ZONING

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **		
NBR CHECKS -	0 CHECK(S)		11 CHECK(S)		0 CHECK(S)		0 CHECK(S)		11 CHECK(S)		
NET -	0.00		12582.78		0.00		0.00		12582.78		
*EARNINGS*	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	
GROSS -		0.00		18420.90		0.00		0.00		18420.90	
SALARY -	0.00	0.00	779.94	16453.90	0.00	0.00	0.00	0.00	779.94	16453.90	
HOURLY PAY -	0.00	0.00	134.00	1742.00	0.00	0.00	0.00	0.00	134.00	1742.00	
WC ED -	0.00	0.00	0.00	75.00	0.00	0.00	0.00	0.00	0.00	75.00	
DECLINE -	0.00	0.00	0.00	150.00	0.00	0.00	0.00	0.00	0.00	150.00	
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
H.S.A -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
HLTH FAM PR-	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	100.00	
HLTH FML AF-	0.00	0.00	0.00	200.00	0.00	0.00	0.00	0.00	0.00	200.00	
LOAN PAYMEN-	0.00	0.00	0.00	25.49	0.00	0.00	0.00	0.00	0.00	25.49	
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
ST FARM INS-	0.00	0.00	6.40	6.35	0.00	0.00	0.00	0.00	6.40	6.35	
IPPPA 457 P-	0.00	0.00	0.00	50.00	0.00	0.00	0.00	0.00	0.00	50.00	
AFSCME 31 -	0.00	0.00	0.00	203.50	0.00	0.00	0.00	0.00	0.00	203.50	
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
DENTAL AFTE-	0.00	0.00	0.00	96.40	0.00	0.00	0.00	0.00	0.00	96.40	
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
AMERITAS PR-	0.00	0.00	0.00	16.48	0.00	0.00	0.00	0.00	0.00	16.48	
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
DENTAL AFT -	0.00	0.00	0.00	28.40	0.00	0.00	0.00	0.00	0.00	28.40	
GARN FEE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
PRINCIPAL -	0.00	0.00	0.00	175.00	0.00	0.00	0.00	0.00	0.00	175.00	
I.M.R.F -	0.00	0.00	2107.35	828.94	0.00	0.00	0.00	0.00	2107.35	828.94	
ALLST-PRETA-	0.00	0.00	0.00	19.64	0.00	0.00	0.00	0.00	0.00	19.64	
ALLST-TAXAB-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
LOAN PAYMEN-	0.00	0.00	0.00	50.98	0.00	0.00	0.00	0.00	0.00	50.98	
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	
FEDERAL W/H-	0.00	0.00	17230.84	1998.71	0.00	0.00	0.00	0.00	17230.84	1998.71	
STATE W/H -	0.00	0.00	17230.84	639.45	0.00	0.00	0.00	0.00	17230.84	639.45	
FICA -	0.00	0.00	18284.78	1133.65	0.00	0.00	0.00	0.00	18284.78	1133.65	
MEDICARE -	0.00	0.00	18284.78	265.13	0.00	0.00	0.00	0.00	18284.78	265.13	
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00	



DEPARTMENT TOTALS  
 DEPARTMENT: 10 -13 PUBLIC WORKS

		1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -		0 CHECK(S)		33 CHECK(S)		0 CHECK(S)		0 CHECK(S)		33 CHECK(S)	
NET		0.00		52295.17		0.00		0.00		52295.17	
		HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
*EARNINGS*											
GROSS	-		0.00		79278.57		0.00		0.00		79278.57
SALARY	-	0.00	0.00	2773.13	76060.03	0.00	0.00	0.00	0.00	2773.13	76060.03
OVERTIME PA-	-	0.00	0.00	3.00	118.63	0.00	0.00	0.00	0.00	3.00	118.63
CALL OUT	-	0.00	0.00	74.00	2993.28	0.00	0.00	0.00	0.00	74.00	2993.28
RANK DIFF	-	0.00	0.00	111.50	62.63	0.00	0.00	0.00	0.00	111.50	62.63
CDL LTC	-	0.00	0.00	88.00	44.00	0.00	0.00	0.00	0.00	88.00	44.00
*DEDUCTIONS*		EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FML AF-	-	0.00	0.00	0.00	50.00	0.00	0.00	0.00	0.00	0.00	50.00
ST FARM INS-	-	0.00	0.00	21.76	21.59	0.00	0.00	0.00	0.00	21.76	21.59
IPPPA 457 P-	-	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	100.00
AFSCME 31	-	0.00	0.00	0.00	40.70	0.00	0.00	0.00	0.00	0.00	40.70
TEAMSTERS52-	-	0.00	0.00	0.00	997.00	0.00	0.00	0.00	0.00	0.00	997.00
LABORER 397-	-	0.00	0.00	0.00	660.00	0.00	0.00	0.00	0.00	0.00	660.00
UNITED WAY	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL APTE-	-	0.00	0.00	0.00	83.28	0.00	0.00	0.00	0.00	0.00	83.28
BAS 125 PLA-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS AF-	-	0.00	0.00	0.00	24.72	0.00	0.00	0.00	0.00	0.00	24.72
DENTAL PRE	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHILD SUPPT-	-	0.00	0.00	0.00	762.20	0.00	0.00	0.00	0.00	0.00	762.20
GARN FEE	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRINCIPAL	-	0.00	0.00	0.00	130.00	0.00	0.00	0.00	0.00	0.00	130.00
I.M.R.F	-	0.00	0.00	9069.46	3567.53	0.00	0.00	0.00	0.00	9069.46	3567.53
VOL ADD CON-	-	0.00	0.00	0.00	234.89	0.00	0.00	0.00	0.00	0.00	234.89
ALLST-PRETA-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLST-TAXAB-	-	0.00	0.00	0.00	35.16	0.00	0.00	0.00	0.00	0.00	35.16
28-LABOR	-	0.00	0.00	0.00	669.23	0.00	0.00	0.00	0.00	0.00	669.23
OPTUM ADD	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REIMBURSE	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
*TAXES*		TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	-	0.00	0.00	75481.04	10721.54	0.00	0.00	0.00	0.00	75481.04	10721.54
STATE W/H	-	0.00	0.00	75481.04	2820.73	0.00	0.00	0.00	0.00	75481.04	2820.73
FICA	-	0.00	0.00	79278.57	4915.27	0.00	0.00	0.00	0.00	79278.57	4915.27
MEDICARE	-	0.00	0.00	79278.57	1149.56	0.00	0.00	0.00	0.00	79278.57	1149.56
EIC CREDIT	-		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS  
 DEPARTMENT: 10 -14 SANITATION/INSPECTIO

1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **		
NBR CHECKS ~	0 CHECK(S)	NBR CHECKS ~	0 CHECK(S)	NBR CHECKS ~	0 CHECK(S)	NBR CHECKS ~	0 CHECK(S)	NBR CHECKS ~	0 CHECK(S)	
NET ~	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
*EARNINGS*	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS ~		0.00		0.00		0.00		0.00		0.00
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STATE W/H ~	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FICA ~	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICARE ~	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EIC CREDIT ~		0.00		0.00		0.00		0.00		0.00

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DEPARTMENT TOTALS  
 DEPARTMENT: 10 -23 SUMMER PART-TIME HEL

1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **		
NBR CHECKS	0 CHECK(S)	NBR CHECKS	0 CHECK(S)	NBR CHECKS	0 CHECK(S)	NBR CHECKS	0 CHECK(S)	NBR CHECKS	0 CHECK(S)	
NET	0.00		0.00		0.00		0.00		0.00	
*EARNINGS*	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS		0.00		0.00		0.00		0.00		0.00
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STATE W/H	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FICA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICARE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EIC CREDIT		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS

DEPARTMENT: 15 -01 CINEMA

		1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
		0 CHECK(S)		16 CHECK(S)		0 CHECK(S)		0 CHECK(S)		16 CHECK(S)	
NBR CHECKS ~											
NET ~		0.00		7237.56		0.00		0.00		7237.56	
*EARNINGS*		HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS ~			0.00		9881.83		0.00		0.00		9881.83
SALARY ~		0.00	0.00	173.34	7018.74	0.00	0.00	0.00	0.00	173.34	7018.74
HOURLY PAY ~		0.00	0.00	339.60	2863.09	0.00	0.00	0.00	0.00	339.60	2863.09
*DEDUCTIONS*		EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH SNG PR-		0.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00	25.00
HLTH SNG AF-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE ~		0.00	0.00	0.00	42.25	0.00	0.00	0.00	0.00	0.00	42.25
DENTAL AFTE-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F ~		0.00	0.00	802.94	315.84	0.00	0.00	0.00	0.00	802.94	315.84
*TAXES*		TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H--		0.00	0.00	9498.74	1165.57	0.00	0.00	0.00	0.00	9498.74	1165.57
STATE W/H ~		0.00	0.00	9498.74	344.81	0.00	0.00	0.00	0.00	9498.74	344.81
FICA ~		0.00	0.00	9814.58	608.48	0.00	0.00	0.00	0.00	9814.58	608.48
MEDICARE ~		0.00	0.00	9814.58	142.32	0.00	0.00	0.00	0.00	9814.58	142.32
EIC CREDIT ~			0.00		0.00		0.00		0.00		0.00

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DEPARTMENT TOTALS  
 DEPARTMENT: 30 -36 MOTOR FUEL FUND PROJ

1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **		
NBR CHECKS -	0 CHECK(S)	NBR CHECKS -	0 CHECK(S)	NBR CHECKS -	0 CHECK(S)	NBR CHECKS -	0 CHECK(S)	NBR CHECKS -	0 CHECK(S)	
NET	0.00		0.00		0.00		0.00		0.00	
*EARNINGS*	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS		0.00		0.00		0.00		0.00		0.00
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS

DEPARTMENT: 70 -55 PAYROLL

		1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -		0 CHECK(S)		31 CHECK(S)		0 CHECK(S)		0 CHECK(S)		31 CHECK(S)	
NET		0.00		58704.80		0.00		0.00		58704.80	
		HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
*EARNINGS*											
GROSS -		0.00	0.00		91587.40		0.00		0.00		91587.40
SALARY -		0.00	0.00	2426.50	81023.51	0.00	0.00	0.00	0.00	2426.50	81023.51
OVERTIME PA--		0.00	0.00	55.00	2239.69	0.00	0.00	0.00	0.00	55.00	2239.69
RANK DIFF -		0.00	0.00	244.00	425.60	0.00	0.00	0.00	0.00	244.00	425.60
SHIF/DIFF2 -		0.00	0.00	289.00	115.60	0.00	0.00	0.00	0.00	289.00	115.60
SHIF/DIFF3 -		0.00	0.00	376.50	282.38	0.00	0.00	0.00	0.00	376.50	282.38
SUN PREM -		0.00	0.00	104.00	132.32	0.00	0.00	0.00	0.00	104.00	132.32
LIC CERT -		0.00	0.00	0.00	768.30	0.00	0.00	0.00	0.00	0.00	768.30
DECLINE -		0.00	0.00	0.00	300.00	0.00	0.00	0.00	0.00	0.00	300.00
CLOTHING -		0.00	0.00	0.00	6300.00	0.00	0.00	0.00	0.00	0.00	6300.00
*DEDUCTIONS*		EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H.S.A -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-		0.00	0.00	0.00	1100.00	0.00	0.00	0.00	0.00	0.00	1100.00
HLTH SNG PR-		0.00	0.00	0.00	175.00	0.00	0.00	0.00	0.00	0.00	175.00
HLTH SNG AF-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FML AF-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-		0.00	0.00	0.00	183.31	0.00	0.00	0.00	0.00	0.00	183.31
LOAN PAYMEN-		0.00	0.00	0.00	79.92	0.00	0.00	0.00	0.00	0.00	79.92
LOAN PAYMEN-		0.00	0.00	0.00	38.85	0.00	0.00	0.00	0.00	0.00	38.85
ST FARM INS-		0.00	0.00	28.16	27.94	0.00	0.00	0.00	0.00	28.16	27.94
IPPPA 457 P-		0.00	0.00	0.00	440.00	0.00	0.00	0.00	0.00	0.00	440.00
ENG LOCAL39-		0.00	0.00	0.00	2006.75	0.00	0.00	0.00	0.00	0.00	2006.75
UNITED WAY -		0.00	0.00	0.00	37.50	0.00	0.00	0.00	0.00	0.00	37.50
DENTAL PRE -		0.00	0.00	0.00	784.15	0.00	0.00	0.00	0.00	0.00	784.15
DENTAL AFTE-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-		0.00	0.00	0.00	56.56	0.00	0.00	0.00	0.00	0.00	56.56
AMERITAS AF-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE -		0.00	0.00	0.00	140.60	0.00	0.00	0.00	0.00	0.00	140.60
DENTAL AFT -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHILD SUPPT-		0.00	0.00	0.00	410.04	0.00	0.00	0.00	0.00	0.00	410.04
CHAPTER 13 -		0.00	0.00	0.00	441.25	0.00	0.00	0.00	0.00	0.00	441.25
GARN FEE -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHAPTER 13 -		0.00	0.00	0.00	297.50	0.00	0.00	0.00	0.00	0.00	297.50
PRIN 457% -		0.00	0.00	0.00	165.54	0.00	0.00	0.00	0.00	0.00	165.54
LOAN PYMT -		0.00	0.00	0.00	28.45	0.00	0.00	0.00	0.00	0.00	28.45
PRINCIPAL -		0.00	0.00	0.00	103.29	0.00	0.00	0.00	0.00	0.00	103.29
MISC -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -		0.00	0.00	10477.58	4121.41	0.00	0.00	0.00	0.00	10477.58	4121.41
VOL ADD CON-		0.00	0.00	0.00	231.75	0.00	0.00	0.00	0.00	0.00	231.75
ALLST-PRETA-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLST-TAXAB-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MELLON ADD -		0.00	0.00	0.00	50.00	0.00	0.00	0.00	0.00	0.00	50.00
MELLON ADD -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM ADD -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REIMBURSE -		0.00	0.00	0.00	45.00	0.00	0.00	0.00	0.00	0.00	45.00
*TAXES*		TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-		0.00	0.00	84450.85	11979.47	0.00	0.00	0.00	0.00	84450.85	11979.47
STATE W/H -		0.00	0.00	84450.85	3108.29	0.00	0.00	0.00	0.00	84450.85	3108.29

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FICA ~	0.00	0.00	89281.09	5535.46	0.00	0.00	0.00	89281.09 5535.46
MEDICARE ~	0.00	0.00	89281.09	1294.57	0.00	0.00	0.00	89281.09 1294.57
ETC CREDIT ~		0.00		0.00		0.00	0.00	0.00

DEPARTMENT TOTALS  
 DEPARTMENT: 71 -30 INDUSTRIAL PRETREATM

1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **		
NBR CHECKS	0 CHECK(S)	1 CHECK(S)	0 CHECK(S)	0 CHECK(S)	0 CHECK(S)	1 CHECK(S)				
NET	0.00	1721.83	0.00	0.00	0.00	1721.83				
*EARNINGS*	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS		0.00		2926.00		0.00		0.00		2926.00
SALARY	0.00	0.00	86.66	2652.77	0.00	0.00	0.00	0.00	86.66	2652.77
LIC CERT	0.00	0.00	0.00	48.23	0.00	0.00	0.00	0.00	0.00	48.23
CLOTHING	0.00	0.00	0.00	225.00	0.00	0.00	0.00	0.00	0.00	225.00
*DEDUCTIONS*	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH SNG PR-	0.00	0.00	0.00	25.00	0.00	0.00	0.00	0.00	0.00	25.00
ST FARM INS-	0.00	0.00	1.28	1.27	0.00	0.00	0.00	0.00	1.28	1.27
IPPPA 457 P-	0.00	0.00	0.00	200.00	0.00	0.00	0.00	0.00	0.00	200.00
ENG LOCAL39-	0.00	0.00	0.00	72.25	0.00	0.00	0.00	0.00	0.00	72.25
UNITED WAY	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE	0.00	0.00	0.00	19.78	0.00	0.00	0.00	0.00	0.00	19.78
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F	0.00	0.00	334.73	131.67	0.00	0.00	0.00	0.00	334.73	131.67
*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	2549.55	438.17	0.00	0.00	0.00	0.00	2549.55	438.17
STATE W/H	0.00	0.00	2549.55	95.61	0.00	0.00	0.00	0.00	2549.55	95.61
FICA	0.00	0.00	2881.22	178.64	0.00	0.00	0.00	0.00	2881.22	178.64
MEDICARE	0.00	0.00	2881.22	41.78	0.00	0.00	0.00	0.00	2881.22	41.78
EIC CREDIT		0.00		0.00		0.00		0.00		0.00



REPORT TOTALS

		1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -		0 CHECK(S)		260 CHECK(S)		0 CHECK(S)		0 CHECK(S)		260 CHECK(S)	
NET -		0.00		430275.30		0.00		0.00		430275.30	
		HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
*EARNINGS*											
GROSS	-		0.00		711888.39		0.00		0.00		711888.39
SALARY	-	0.00	0.00	20208.32	593274.57	0.00	0.00	0.00	0.00	20208.32	593274.57
HOURLY PAY	-	0.00	0.00	519.60	4984.59	0.00	0.00	0.00	0.00	519.60	4984.59
SHORT/CHG	-	0.00	0.00	204.00	6765.50	0.00	0.00	0.00	0.00	204.00	6765.50
REIM OT	-	0.00	0.00	62.00	3169.24	0.00	0.00	0.00	0.00	62.00	3169.24
TIF ADMIN	-	0.00	0.00	0.00	416.67	0.00	0.00	0.00	0.00	0.00	416.67
OVERTIME PA	-	0.00	0.00	174.00	8113.34	0.00	0.00	0.00	0.00	174.00	8113.34
COURT TIME	-	0.00	0.00	2.00	125.40	0.00	0.00	0.00	0.00	2.00	125.40
CALL OUT	-	0.00	0.00	188.00	8393.79	0.00	0.00	0.00	0.00	188.00	8393.79
C O R	-	0.00	0.00	111.00	4440.00	0.00	0.00	0.00	0.00	111.00	4440.00
RANK DIFF	-	0.00	0.00	2203.50	4089.85	0.00	0.00	0.00	0.00	2203.50	4089.85
SHIF/DIFF2	-	0.00	0.00	289.00	115.60	0.00	0.00	0.00	0.00	289.00	115.60
SHIF/DIFF3	-	0.00	0.00	376.50	282.38	0.00	0.00	0.00	0.00	376.50	282.38
CDL LIC	-	0.00	0.00	88.00	44.00	0.00	0.00	0.00	0.00	88.00	44.00
DISPATCH 2	-	0.00	0.00	308.00	246.40	0.00	0.00	0.00	0.00	308.00	246.40
SUN PREM	-	0.00	0.00	104.00	132.32	0.00	0.00	0.00	0.00	104.00	132.32
SHIF/DIFF3	-	0.00	0.00	1181.00	767.65	0.00	0.00	0.00	0.00	1181.00	767.65
LIC CERT	-	0.00	0.00	0.00	816.53	0.00	0.00	0.00	0.00	0.00	816.53
WC ED	-	0.00	0.00	0.00	475.00	0.00	0.00	0.00	0.00	0.00	475.00
INJURED	-	0.00	0.00	0.00	1103.01	0.00	0.00	0.00	0.00	0.00	1103.01
EMA COOR	-	0.00	0.00	0.00	500.00	0.00	0.00	0.00	0.00	0.00	500.00
DECLINE	-	0.00	0.00	0.00	2100.00	0.00	0.00	0.00	0.00	0.00	2100.00
EXP ALLOW	-	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	100.00
CLOTHING	-	0.00	0.00	0.00	10525.00	0.00	0.00	0.00	0.00	0.00	10525.00
LSUM/BONUS	-	0.00	0.00	0.00	2000.00	0.00	0.00	0.00	0.00	0.00	2000.00
CEU HOURS	-	0.00	0.00	14.00	533.06	0.00	0.00	0.00	0.00	14.00	533.06
GD ATTEND I	-	0.00	0.00	2268.00	60580.51	0.00	0.00	0.00	0.00	2268.00	60580.51
*DEDUCTIONS*		EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
UMS FUNDING	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM FUNDI	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H.S.A	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR	-	0.00	0.00	0.00	3850.00	0.00	0.00	0.00	0.00	0.00	3850.00
HLTH SNG PR	-	0.00	0.00	0.00	575.00	0.00	0.00	0.00	0.00	0.00	575.00
HLTH SNG AF	-	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	100.00
HLTH FML AF	-	0.00	0.00	0.00	550.00	0.00	0.00	0.00	0.00	0.00	550.00
PEPA CHIEF	-	0.00	0.00	0.00	60.00	0.00	0.00	0.00	0.00	0.00	60.00
LOAN PAYMEN	-	0.00	0.00	0.00	1449.94	0.00	0.00	0.00	0.00	0.00	1449.94
LOAN PAYMEN	-	0.00	0.00	0.00	715.77	0.00	0.00	0.00	0.00	0.00	715.77
LOAN PAYMEN	-	0.00	0.00	0.00	452.99	0.00	0.00	0.00	0.00	0.00	452.99
ST FARM INS	-	0.00	0.00	185.60	184.15	0.00	0.00	0.00	0.00	185.60	184.15
AMER HERITA	-	0.00	0.00	0.00	102.71	0.00	0.00	0.00	0.00	0.00	102.71
IPPPA 457 P	-	0.00	0.00	0.00	33302.73	0.00	0.00	0.00	0.00	0.00	33302.73
RELIEF & WE	-	0.00	0.00	0.00	85.00	0.00	0.00	0.00	0.00	0.00	85.00
ENG LOCAL39	-	0.00	0.00	0.00	2079.00	0.00	0.00	0.00	0.00	0.00	2079.00
PEPA LABOR	-	0.00	0.00	0.00	2660.00	0.00	0.00	0.00	0.00	0.00	2660.00
AFSCME 31	-	0.00	0.00	0.00	1017.50	0.00	0.00	0.00	0.00	0.00	1017.50
TEAMSTERS52	-	0.00	0.00	0.00	997.00	0.00	0.00	0.00	0.00	0.00	997.00
LABORER 397	-	0.00	0.00	0.00	660.00	0.00	0.00	0.00	0.00	0.00	660.00
UNITED WAY	-	0.00	0.00	0.00	671.49	0.00	0.00	0.00	0.00	0.00	671.49

PAYROLL HISTORY REPORT  
 SORTED BY DEPARTMENT

DENTAL PRE -	0.00	0.00	0.00	2102.88	0.00	0.00	0.00	0.00	0.00	2102.88
DENTAL AFTE-	0.00	0.00	0.00	1110.71	0.00	0.00	0.00	0.00	0.00	1110.71
BAS 125 PLA-	0.00	0.00	0.00	125.00	0.00	0.00	0.00	0.00	0.00	125.00
POLICE/FIRE-	0.00	0.00	0.00	937.34	0.00	0.00	0.00	0.00	0.00	937.34
AMERITAS PR-	0.00	0.00	0.00	470.08	0.00	0.00	0.00	0.00	0.00	470.08
AMERITAS AF-	0.00	0.00	0.00	186.16	0.00	0.00	0.00	0.00	0.00	186.16
DENTAL PRE -	0.00	0.00	0.00	598.09	0.00	0.00	0.00	0.00	0.00	598.09
DENTAL APT -	0.00	0.00	0.00	89.85	0.00	0.00	0.00	0.00	0.00	89.85
253 FIRE PA-	0.00	0.00	0.00	198.50	0.00	0.00	0.00	0.00	0.00	198.50
ADD FIRE PA-	0.00	0.00	0.00	40.50	0.00	0.00	0.00	0.00	0.00	40.50
CHILD SUPPT-	0.00	0.00	0.00	3965.25	0.00	0.00	0.00	0.00	0.00	3965.25
DIVERS 457%-	0.00	0.00	0.00	2840.28	0.00	0.00	0.00	0.00	0.00	2840.28
CHAPTER 13 -	0.00	0.00	0.00	441.25	0.00	0.00	0.00	0.00	0.00	441.25
GARNISHMENT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GARN FEE -	0.00	0.00	0.00	5.00	0.00	0.00	0.00	0.00	0.00	5.00
GARNISHMENT-	0.00	0.00	0.00	348.00	0.00	0.00	0.00	0.00	0.00	348.00
CHAPTER 13 -	0.00	0.00	0.00	297.50	0.00	0.00	0.00	0.00	0.00	297.50
PRIN 457% -	0.00	0.00	0.00	165.54	0.00	0.00	0.00	0.00	0.00	165.54
PRIN LOAN -	0.00	0.00	0.00	57.68	0.00	0.00	0.00	0.00	0.00	57.68
LOAN PYMT -	0.00	0.00	0.00	109.05	0.00	0.00	0.00	0.00	0.00	109.05
PRINCIPAL -	0.00	0.00	0.00	6269.68	0.00	0.00	0.00	0.00	0.00	6269.68
MISC -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -	0.00	0.00	31613.33	12435.32	0.00	0.00	0.00	0.00	31613.33	12435.32
POL PENSION-	0.00	0.00	0.00	17212.61	0.00	0.00	0.00	0.00	0.00	17212.61
FIRE PENSIO-	0.00	0.00	0.00	15371.51	0.00	0.00	0.00	0.00	0.00	15371.51
VOL ADD CON-	0.00	0.00	0.00	466.64	0.00	0.00	0.00	0.00	0.00	466.64
HSA FUND -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLST-PRETA-	0.00	0.00	0.00	121.48	0.00	0.00	0.00	0.00	0.00	121.48
ALLST-TAXAB-	0.00	0.00	0.00	53.06	0.00	0.00	0.00	0.00	0.00	53.06
2%-LABOR -	0.00	0.00	0.00	669.23	0.00	0.00	0.00	0.00	0.00	669.23
MELLON ADD -	0.00	0.00	0.00	18558.46	0.00	0.00	0.00	0.00	0.00	18558.46
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	0.00	0.00	50.98	0.00	0.00	0.00	0.00	0.00	50.98
LOAN PAYMEN-	0.00	0.00	0.00	270.42	0.00	0.00	0.00	0.00	0.00	270.42
REIMBURSE -	0.00	0.00	0.00	45.00	0.00	0.00	0.00	0.00	0.00	45.00
UMB ADDITIC-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UMB ADD PRE-	0.00	0.00	0.00	10198.17	0.00	0.00	0.00	0.00	0.00	10198.17

*TAXES*	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	603063.07	87005.15	0.00	0.00	0.00	0.00	603063.07	87005.15
STATE W/H -	0.00	0.00	603063.07	22360.05	0.00	0.00	0.00	0.00	603063.07	22360.05
FICA -	0.00	0.00	280540.45	17393.54	0.00	0.00	0.00	0.00	280540.45	17393.54
MEDICARE -	0.00	0.00	657229.24	9529.85	0.00	0.00	0.00	0.00	657229.24	9529.85
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00